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LECTURES

ON THE

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XXIV.

Of the Malignant Disorganisations of the Uterus.—Morbid Anatomy.

The genital apparatus in women is liable to various disorganisations of malignant nature, which, agreeing with each other in many important points of treatment, may be conveniently classed together in one general view. Under these fatal disorganisations it happens, occasionally, that both the womb and the vagina, throughout their whole extent, become involved in the disease; more frequently, however, the superior parts of the vagina only, to the extent of one-half, or one-third, are affected in common with the womb; and, in some cases, the disease appears to be confined almost entirely to the uterus, or the verge of vagina, immediately contiguous, the parts below preserving their original healthy structure. In malignant disorganisation, the parts adjacent to the scirrhous womb and vagina are, I fear, too often affected with scirrhosity also; the rectum and the bladder are more especially liable to become affected in consequence of the spread of the morbid changes by continuity; in general, however, I presume that these parts are not affected from the first, and we have reason to hope, till anatomy has proved the contrary, that the womb and bladder will not become affected till the disease has reached its middle or latter stages.

In indolent scirrhus, formerly considered, the womb enlarges greatly in its size, but these great enlargements are not observed in the malignant disorganisations which we are now considering; and this assertion holds so true as a general principle, that I look on a large uterus as one of the best securities against a malignant ulceration. In general, however, the vagina thickens exceedingly under this disease, becoming as hard as cartilage, and the womb acquires a bulk nearly double its healthy dimensions, as the preparations before you show. Whether this enlarged and altered structure is or not really of the nature of a genuine scirrhus, like that of the mammæ, I am not prepared to decide; perhaps it is not. I never yet examined a uterus, in which the marks of true scirrhous change were of that evident kind which we may observe in cases of indolent and bulky scirrhosity; but, certainly, in these malignant ulcerations the remains of the uterus are found to be harder than is consistent with health, and the induration being unequal throughout its substance, there is a tendency to the formation of small topical masses, which remind one of scirrhous tubercle. These topical indurations, however, present an aspect very different from that of the indolent tuberose scirrhosity formerly described and demonstrated, for they are more vascular, not so hard, and evidently not so well and so sharply defined. I may add, moreover, that under these malignant disorganisations, vaginal and uterine, the *ovaries* and *tubes* are occasionally attacked with indisputable scirrhus, diffused or tubercular; and further, that in one instance, at least, of this disease, I had occasion to see several well-charactered tubercular masses imbedded in the substance of the liver—facts which certainly give additional strength to the opinion, that the malignant disorganisation of the uterus may at bottom be nothing more than scirrhus.

When induration and thickening occur, there is often no obvious ulceration at the first, but the parts, when examined by the touch, feel hard, and of irregular surface, and in the midst of this scirrhous and disorganised mass, we frequently find a cavity of various size, sometimes large enough to admit a pullet's egg, and sometimes not admitting the extremities of two fingers without difficulty; and about this time the parts become assailed with a sort of ulcerative action, under which the membranous lining

of the parts breaks, and a surface is formed which bleeds under the touch, becomes ragged, and spreads over a various extent of surface; sometimes as broad as the palm of a child's hand, or broader. It is not always, however, that a clear excavation exists in the midst of the scirrhus, for there grows sometimes from the diseased surface a loose fungous excrescence, very lacerable, of course, frequently giving rise to floodings, to be touched with great caution therefore, and which excrescence, whether single or formed into separate and detached masses, may fill the cavity, or push forth beyond. The ulcerative action which assails the scirrhus is usually of slow progress; it spreads gradually and over the surface, and slowly penetrates into the substance of the parts beneath, laying open, as it proceeds, the bladder, rectum, and peritoneum, and consuming, perhaps, one or two-thirds of the substance of the uterus.

Again, instead of the destructive and wasting ulceration which we have here described, in these cases of malignant disorganisation, we occasionally meet with efflorescent excrescences, small or large, seated, sometimes, on a thickened and indurated base, and sometimes on a healthy structure, occasionally tending to the pedunculur attachment, and more frequently having a broad basis, sometimes covering a portion of the genital surface, not broader than a shilling, and, in other cases, a space equal to the disk of a crown piece. Let me add, too, that with the contiguous cervix, the whole os uteri sometimes enlarges greatly, and at the same time undergoes the scirrhous change and the ulcerative action, the whole or the greater part of the vagina remaining sound, so that, on examination, the entire diseased mass bears a strong resemblance to an os uteri formed upon a very large scale.

In malignant uterine ulceration, the ovaries and fallopian tubes may be affected with well-marked scirrhus, whether diffused or tubercular, but I never saw them of great size; the inguinal glands are enlarged sometimes, but not in general; the glands in the back of the pelvis may become as large as a nutmeg, or larger, and there may be enlargement, and a sort of cheesy matter in the lumbar glands; but, in the earlier and middle stages of the disease, the glandular system is not affected in that degree which we might have expected. In one case of fatal carcinoma, I found several hard, white, flat tubercles on the peritoneum externally, where it covers the parts contiguous to Poupart's ligament; and in another, tubercles were found in the liver and the lungs. I never yet met, in the same individual, with cancer of the uterus and of the mamma combined.

On the whole, though these malignant changes cannot be considered as a merely local disease, yet there is not, I think, that marked diffusion of malignant changes over other parts, which would justify us in asserting, without further proof, that the extirpation of the mass must always be performed without permanent benefit. If cancer of the lip may be removed with success, I should incline to hope, that the same success might attend the extirpation of the malignant scirrhus of the uterus; but of this hereafter. The malignant ulceration of the uterus, it seems, almost invariably begins in the mouth and cervix. Are the glandulæ nabothi the cause of this? Are not the mucous glands in the lip a principal cause why the malignant change attacks this part? Is not the malignant disorganisation sometimes observed at the anus, the pylorus, and the valve of the ilium, to be ascribed to the mucous glands there? and are not the glandulæ nabothi, that is, the large and numerous mucous glands in the neck and mouth of the womb, the cause why, in its commencement, the disease usually gives a preference to this part? This, if true, would lead us to hope the more from the operation of Oziander, Dupuytren, and Lisfranc.

Although, perhaps, in most cases essentially the same, the malignant changes which the genitals may undergo, in the diseases which I have here been describing, are exceedingly various in their circumstance, so much so, indeed, that it may be doubted whether any two cases may present to the morbid anatomist exactly the same aspect. In a view to practice, however, (the great object of these lectures,) these malignant disorganisations may be divided into different varieties, grounded on the extent of the morbid action, or the character of the change which the parts may have undergone. Resting the distinction upon the character of the morbid organisation, I would, in practice, distinguish four varieties of the disease; that in which the womb, enlarged but little, is affected with malignant induration merely; that, again, in which the disease, being advanced somewhat, the malignant induration, of varying firmness, is become affected with a sort of ulcerative action; that variety, thirdly, in which the hollow formed in the indurated mass is filled more or less completely with a loose, vascular, fungous growth of hæmatoid character; and that variety, lastly, in which an efflorescent excrescence (the cauliflower) is seated upon an indurated basis; and these four varieties may be distinguished, respectively, by the names of the scirrhous, the ulcerated, the fungous, and the efflorescent, or cauliflower form of the disease.

It is useful, too, to distinguish the differ-

cut varieties of this affection, according to the extent of the disorganisation. In many cases, the whole system exhibits the marks of malignant cachexy, being sallow, wasted, and fevered; and the inguinal glands are enlarged, and we have reason to fear a disorganisation of the lumbar glands, or a disorganisation of the liver, or of other viscera. In other cases, again, the general system is not affected in the same alarming degree; but diseased changes of structure may have spread wide among the viscera of the pelvis, the entire womb, and the greater part of the vagina, being affected with the malignant induration, in which the front of the rectum, and the posterior parts of the bladder are involved; in addition to which, the glands are enlarged as before, and there is, perhaps, an indolent scirrhus of the ovaries and the tubes; but a large indolent scirrhus of the tubes and ovaries is by no means a common precursor of the malignant induration of the womb and vagina; enlargement of the glands is more frequent; and we too often meet with indurations of the bladder and the gut. Again, of these cases there is yet a third variety met with, in the earlier stages especially, and in which the whole of the morbid change of structure seems to be confined to the womb, and to a small contiguous portion of the vagina; insomuch, that there is good reason for hoping that the whole may be removed by the scalpel, no very extensive chasm remaining in the pelvis, after the diseased parts have been taken away. In these cases, it is not probable that the other parts connected with the womb and vagina, by contiguity or otherwise, are entirely free from disease; but I feel inclined to persuade myself, that the diseased change is sometimes so inconsiderable, that when the malignant mass is removed, the parts may recover themselves; or, at all events, that the diseased changes may lie dormant for a long term of years afterwards, or perhaps for the rest of life, and this more especially in cases of efflorescent excrescence.

Under the more malignant changes of the genital structure, the mobility of the diseased parts may vary considerably; the womb and vagina being sometimes so firmly imbedded in the cavity of the pelvis, that they cannot be stirred by the pressure of the fingers; while, in others, and indeed the greater number of cases, the uterus is found to be moveable enough, so as to afford hope of a ready extirpation. This fixity or mobility of the parts seems to depend upon two causes of joint or separate operation—I mean the breadth of the scirrhous changes at that part where the viscera are more immediately resting upon the pelvis, and the extent of the adhesion which these parts may have contracted with contiguous organs. Indeed, in consequence of the enlargement and disorganisation of the adjacent parts from scirrhus, the bladder, rectum, and ovaries, more especially, and the consolidation of these with the womb and vagina, the whole may be formed into one large mass, consisting of the various parts incorporated, and fixed, by means of its broad basis, immoveably in the pelvis. Such cases may be easily ascertained during life by a competent operator; they are clearly, in a high degree, unfavourable for extirpation—or, rather, in the present state of knowledge at least, the operation in such cases seems to be wholly unjustifiable.

Character of the Malignant Ulcer of the Womb.

Women who labour under malignant ulcer of the uterus are generally sallow and wasted, and have a withered appearance of the skin, consisting in a number of minute wrinkles, to be observed especially on the upper and inferior limbs; the emaciation sometimes manifesting itself less conspicuously in the face, while in the arms, legs, and nates, it may, in general, be observed easily enough. Although, however, this cachectic shrinking is one of the best marks of visceral diseases, it must not be forgotten that, in the earlier stage of malignant ulcer, it is not always conspicuous; and the face, in particular, may retain a certain degree of fulness, notwithstanding the ravages of this formidable disease. I remember once observing to a lady, who complained of central uneasiness, that she certainly need not be apprehensive of cancer, her looks were so imposing; yet, on investigation, it was found that the disease was advanced beyond hope.

In malignant ulcer of the genitals, there is not always a fetid discharge, at least, throughout the whole course of the ulceration, but this fetor is generally observed; and if, finding that the patient is affected with a cachectic wasting, we learn, at the same time, that there is a fetid discharge from the genitals, brownish, greenish, and of serous or watery consistency; there is always too much reason to fear that this ulceration is begun; for the well-known carcinomatous fetor rarely exists without malignant ulcer, though the ulcer may subsist, where little or no fetor is perceived.

In malignant ulcer of the genitals, floodings usually occur, and sometimes a large hæmorrhagy is the first intimation which the patient receives of the existence of the disease; these floodings are of various quantity, and uncertain interval, being perhaps most copious and dangerous in those cases in which the ulcer is accompanied by those fungous growth before described.

Wasting, fetor, and flooding, are, in this disease, associated with, more or less, central distress; the region of the sacrum, the pubes, the groins, the hips, and the thighs, being the main seat of the uneasiness, which is composed of aching, forcings, urgings, burnings, lancings, and micturition, not to mention other feelings, which scarcely admit of a significant appellative. In different cases, there is much variety in the degree of uneasiness; in the latter stages of the disease more especially, some women suffer dreadfully, and find no solace, excepting from large doses of opium, or other anodynes; while others, more especially in the earlier stages, undergo, comparatively, but little pain. Malignant ulcer is by no means invariably attended with burnings, though the existence of this symptom ought always to create a strong suspicion of this disease.

In dubious cases, it becomes necessary to ascertain the existence of ulcer by examination, a diagnostic of no value, if the operation be performed by those who want the necessary science, habit, and dexterity; but where these qualities are not deficient, the operator will generally enable us to decide the point. When the genital cavity has been entirely free from ulcer, a practitioner of fifteen or twenty years' experience, on instituting an examination, has decided that ulceration was begun. By a polished tube, of convenient length and diameter, the speculum vaginæ as it is called, an inspection of the os uteri, and parts adjacent, may be easily accomplished by the help of a strong light; for the tubular form of the instrument effects a dilatation of the vagina, and its polished surface, a sort of circular mirror, conveys and concentrates the light, so as to throw it in full force upon the parts above. This method of investigation must enable the least skilful to determine whether ulcer exists or not; but, in most cases, it is neither necessary nor conceded; and, in cases of reputed carcinoma, generally it is by the touch that we are enabled to determine respecting the existence of the morbid organisation. Now, where this really subsists, we find usually, at the upper part of the vagina, a mass as hard as a piece of cartilage, and as large, perhaps, as a goose-egg; and, in the midst of this solid mass, we may distinguish a cavity often of irregular surface, and large enough to admit the extremities of two or three of the fingers; this cavity, however, (in some few cases,) being filled with a loose vascular growth. Below the indurated mass, the vagina generally feels perfectly sound; a rough examination may give much pain; dangerous bleedings may follow these investigations, if rudely made; and cases of fungus require a touch of the utmost tenderness; the hand is usually stained after these examinations; and, in most cases, though not in all, an offensive odour is perceived, from which the finger is not easily purified. The malignant genital ulcer is, perhaps, most common in the middle period of life; but I have myself observed it at the extreme ages of 64 and 28, not to mention the various interrening periods. It is not certain that unmarried women are more obnoxious to it, and I have seen the disease prove fatal to the mother of fourteen children. Family propensity to the disease is not strong; and yet, in at least two instances, I have known it attack women who were sisters.

Character of the Malignant Efflorescent Growth, or Cauliflower Excrescence.

Women sometimes labour under the efflorescent excrescence, without, however, assuming the sallow complexion of carcinoma; and, in those who are disposed to be full and plump, the disease may now and then prove fatal, before an alarming emaciation has been produced. The disease is, I believe, always attended with a pretty copious watery discharge; and when this is abundant, and of long continuance, much wasting and debility may be produced, the exhaustion being sometimes accelerated and augmented by the eruption of large quantities of blood. In the malignant ulcer of the uterus, there is generally much fetor, but this is not, I think, equally certain in the efflorescent excrescence; and the same remark may, I think, be extended to the central uneasiness, usually much greater in carcinoma than in this no less fatal and still more insidious disease. When doubts remain on the mind, an examination becomes necessary, when the efflorescent growth of various size may be discovered in the genital cavity, sometimes uniting with the parts by a broad basis, and much more rarely by peduncle, sometimes seated on parts which have undergone but little change of structure; and sometimes (perhaps still more frequently) resting on an indurated scirrhous mass. The body of the growth may be, in the main, single, or it may be broken into large detached lobes. Prolapsus of the uterus may concur. Are strumous habits most obnoxious to this disease? In Dr. Clark's valuable work on the diseases of women, there are some excellent remarks on this complaint. But to proceed.

Character of Fungous Excrescence.

In the genital cavity, fungous excrescences are sometimes formed, varying in their situation, but placed generally in the upper part of the vagina, or on the mouth or neck of the womb. These excrescences may, perhaps, sometimes grow from a sur-

face healthy enough, but more frequently they are sprouting upon a carcinomatous base. By wastings, gleetings, floodings, and offensive odours, the practitioner is first led to suspect the existence of the disease, and an examination by the speculum, or otherwise, demonstrates at once the nature of the affection. In Denman's Obstetric Plates is represented a fungous polypus growing from the fundus of the uterus, suspended by a peduncle, not larger than the little finger, and the womb is inverted; but generally these fungous excrescences rest upon a broad basis. I am not certain that they are always single.

Character of Malignant Ulcer of the Uterus in its inflammatory stage.

When carcinoma, as it is called, is commencing, it cannot always be ascertained with facility, being liable to be confounded with various distressing affliction of the bladder, womb, rectum, or vagina. The existence of the disease, however, may be reasonably suspected, when others of the family have been assailed with this affection, and when there is micturition and backach, and lancing pains in the pelvic cavity, and muciform or serous discharge, and pain felt during intercourse of the sexes; the lancings, unless they are of the rectum, are very suspicious. It must not be concealed, however, that all these characteristics are fallacious and uncertain, and many women make themselves miserable, by too hastily inferring from such symptoms, that they labour under carcinomatous disease. It is by examination only, specular, or by means of the touch, that in cases of ambiguity, the diagnosis must be established, and if the mouth of the womb is large and open, and if the neck of the uterus and the vagina are thickened and indurated, and if, like a carcinomatous breast, the diseased and indurated parts are affected with severe lancing under pressure, there is good reason for vigilance, as that the malignant ulceration may be approaching. A large, patulous, and indurated os uteri, may be looked upon in all cases, as a diagnostic of great value.

Of the Anatomy of the upper part of the Vaginal Cavity, so far as the knowledge of it is important in the diagnosis of the malignant disorganisation.

To give full weight to your opinions respecting the condition of the genitals, in reputed disorganisation, it is absolutely necessary that you should be thoroughly acquainted with the healthy make of the internal genitals, both in the living and the dead, nor must dexterity and much use be wanting in order that the examinations may be well made. Anatomy, morbid and healthy, must form the basis of your knowledge here, and I would advise you, on every occasion, whether in the dissecting-room or otherwise, to take every opportunity which may present itself, of examining the state of these parts, both by the knife and touch. In different individuals, there may be much variety in the make of these genitals internally, and this independently of disease, just in the same manner as there may be much variety in the make of the features; the face being variously moulded, not only in different individuals, but in different races. In the Ethiopian and the Caucasian, in the Mongolian and the American family of mankind. Not to mention the variation in the length, the thickness, the capacity, the collocation of the vagina; there is much variety in the state of the os uteri, not to be overlooked by the scientific and dexterous accoucheur. In some women it is flat, in many more tuberose, and forming, as it were, a frustum of a sphere; in some women it is of large size, in others smaller, in most smooth, in some few, a little rugous, in some firmer, in many softer, in some with a small aperture, not to be discovered without a very careful investigation, in others with a capacious aperture, readily admitting the fore apex of the finger; in most women the opening is circular, in many, it consists of a fissure never stretching from before backward, like that of the male urethra, but in all cases, I believe, extending from side to side, so as to divide the tuberose mouth into two lips, front and posterior. When large, the mucous follicles in the neck and mouth of the uterus, may, I suspect, give a roughness to this part.

In the preparation exhibited, you see the os uteri formed into an attenuated edge. When the womb prolapses, and the opening of the os uteri is small, it may be overlooked altogether, and the case may be mistaken for inversio uteri, of which error I have seen two examples. A firm os uteri may be mistaken for scirrhus; an os uteri, large and patulous, may be mistaken for cancer. The broken circumference of the os uteri, produced by the pressure of the head during former labours, may be mistaken for ulceration; a rugous os uteri, or the same part roughened by the glandulæ nabothi, may be erroneously supposed to be affected with malignant disorganisation. These, and other errors, however, are the results of a want of knowledge in these matters: a small share of information is sufficient to prevent them; they are the mistakes of the artist, and not of the art. Other varieties of the os uteri I deem it needless to notice. The whole subject may be well illustrated by the preparations which I now circulate. And thus much,

then, respecting the morbid anatomy, and the characters of these terrible diseases. To my friend Dr. Hodgkin, I must refer you, for a fuller and more scientific exposition of the malignant changes of structure. In these Lectures, it is my duty to view every thing in its relation to practice. It is at the bed-side of the sick that the sterling value of obstetric knowledge must be assayed.

FOREIGN DEPARTMENT.

EXISTENCE OF A CANAL IN THE OPTIC NERVE OF THE HUMAN FŒTUS.

In the year 1816, Dr. Wedemeyer, when examining the eye of an embryo of about six months, observed that, on slightly pressing the globe, the vitreous humour escaped from the centre of the optic nerve. Having subsequently had many opportunities of repeating his researches, he found a canal in the middle of the optic nerve; the anterior opening of which was in contact with the vitreous humour; its posterior termination could not be ascertained, and, as well as the diameter of the canal, seemed to vary according to the age of the fœtus. It is very probable that, at the period of cerebral development, when the corpora quadrigemina contain cavities, the abovementioned canal is pervious through the whole course of the optic nerve, and that it subsequently obliterates from the origin of the latter towards the retina. Dr. Wedemeyer never found it of more than half an inch in length from the retina, towards the decussation of the nerves; in embryos more than seven months old, it was completely obliterated.

M. Wedemeyer's discovery is confirmed by an analogous observation of Meckel and Carus, viz. that, in the olfactory nerve of the human fœtus and of the lower animals, there exists a canal which communicates with the lateral ventricle, and, in the former, obliterates at the sixth month of gestation, while, in most of the latter, it is found permanent during life.

ANEURISM OF THE POPLITEAL ARTERY SUCCESSFULLY TREATED BY THE APPLICATION OF A TEMPORARY LIGATURE.

Antonio Rotelli having, about fourteen years ago, gone through several courses of mercury on account of scrophulous tumours, had, subsequently, enjoyed good health up to his thirty-third year, when, in consequence of much exertion, and the abuse of spirituous liquors, he began to feel a very violent pain in the left hum, so that he was eventually confined to his bed. On examination, Dr. Folcieri, of Bozzolo, found an aneurism of the popliteal artery, of the size of a pigeon's egg, and so extremely painful as hardly to admit of the slightest pressure. After the preliminary use of repeated general and local bloodletting, and of cold lotions, the femoral artery was, in the afternoon of the 5th of June, 1826, tied in the usual manner. According to Scarpa's method, (which seems to prevail throughout the greater part of Italy,) a small cylinder of linen, covered with cerate, was placed between the vessel and the ligature; after the application of which, the pain and pulsation in the aneurismatic tumour immediately ceased. On the morning after the operation, the wound was considerably swelled, the fever very high, &c.; but, after copious bloodletting, these symptoms rapidly disappeared; and, *twenty-four hours after the operation*, the wound being in full suppuration, the cylinder and the ligature were withdrawn, and the edges of the wound brought into close contact. The artery seemed perfectly obliterated, for the pulsation in the aneurismatic tumour did not return; the wound from the operation speedily healed; and, on the 22d of August, the tumour in the ham had completely disappeared.—*Annal. Univers. di Med., Jan.* 1829.

RUPTURE OF THE HEART.

Marianna Prezzi, ætat. 58, of a lymphatic constitution, having been in the habitual enjoyment of good health, felt, on the 21st of February, 1828, without any assignable cause, a violent burning sensation in the eyes, which, however, under the use of leeches and aperients, subsided within a few days; but, at the beginning of March, was followed by an erysipelatous inflammation of the neck. On the 10th of March, Dr. Bignardi, of Modena, observed a pulsation of the inflamed part, corresponding with that of the heart, the action of which was by no means irregular; the pulse was rather weak and slow. After a venesection, and under the use of emollient poultices, the patient seemed to be completely recovered, and resumed her former occupation as maid-servant. On the 14th, she frequently complained of a sensation of cold and numbness in the hands, but, in other respects, seemed quite well. On the morning of the 15th, she suddenly screamed out, and instantly died. On examination, the brain was found bloodless, but, as well as the lung, of healthy structure; the pericardium was enormously distended by a great quantity of blood, which having been removed, the heart was pale and flabby; and about an inch above its apex, on the left margin, exhibited a

longitudinal rupture, leading into the left ventricle, six lines in length, and half a line in breadth; its edges were irregular and lacerated. About three lines distant from the former, another longitudinal rupture was found, which was, however, still covered by the pericardial lining of the heart. The left ventricle was considerably enlarged; its external and internal linings were healthy; but its muscular tissue, especially round the fissures, without any appearance of fibres, and had degenerated into a soft, yellowish white pulp. The right ventricle, as well as the large vessels, was perfectly healthy.

A similar case is related of a young lady who died suddenly, when apparently in the enjoyment of good health. On examining the thoracic viscera, the pericardium was found filled with blood, the source of which was a rupture of a small aneurismatic tumour at the origin of the aorta. The parietes of the tumour consisted only of the internal and external lining of the heart; the muscular tissue around it was softened.—*Ibid.*

ON THE PROPHYLACTIC POWERS OF BELLADONNA AGAINST SCARLET FEVER.

By C. W. Hufeland.

The author has been led, both by his own experience and that of a great many other practitioners, to form such a favourable opinion with respect to the powers of this medicine, that he is convinced that in epidemics of scarlet fever it ought universally to be resorted to, as the best means of preventing the disease altogether, or mitigating its violence. The following are his general conclusions:—

1. The proper use of belladonna has, in most cases, prevented infection, even in those instances where, by the continual intercourse with patients labouring under scarlet fever, the predisposition towards it was greatly increased.

2. Numerous observations have shown, that by the general use of belladonna, epidemics of scarlet fever have actually been arrested.

3. In those few instances where the use of belladonna was insufficient to prevent infection, the disease has invariably been slight.

4. There are exceptions to the above three points, but their number is extremely small.

It seems that in some epidemics belladonna has no protective powers at all; the individual disposition, the method of using the remedy, and the quality of it will, of course, have considerable influence on the result of the experiment. Three grains of the extract, which must be recently prepared, are dissolved in three ounces of diluted alcohol; of this solution the individual takes, twice a-day, as many drops as he is years old; its use must be continued as long as contagion is possible. The dose, it appears, is so very small, that even if it should fail in its effect, it will, at all events, not be injurious.

In consequence of Hufeland's communication on the above subject, the Prussian government has issued an official decree, ordering the general use of belladonna, as a prophylactic in all instances when scarlet fever prevails as an epidemic.—*Liter. Ann. der ges. Heilk.*

THE FOURTH CASE OF CHOREA.

Communicated by a Medical Friend to Dr. Harrison, *and by him to* The Lancet.

A. B., a delicate girl, only eight years old, and four feet nine inches in height, has menstruated regularly during the four preceding months. The mammæ are already imperfectly evolved. Some menstrual efforts had taken place, at the age of six years. These were unattended with any perceptible derangement. "To me," the writer observed, "it appeared a fair opportunity of ascertaining whether this might not decide (as far as a single case could decide) the late disputes on the Continent, respecting the use of the cerebellum. In the present instance, along with the premature development of the most important sexual function, there existed a total loss of control over the voluntary muscles. The cerebellum then *may* be essentially connected with the sexual functions, as has been supposed by Gall and Spurzheim, and yet be the organ principally controlling the voluntary muscles.

"On examining, that part of the occiput covering the cerebellum, it was found rather large, and the heat very perceptibly greater than at any other part of the head. It was resolved, therefore, (all the usual means having been previously employed without any benefit,) to try the effect of repeated local bleeding, together with the continued application of cold, attention being paid to the state of the bowels. Under this mode of treatment, the patient recovered in the space of a month, not the slightest spasm remaining. The cessation of the spasms was attended with a cessation of the menstrual discharge. She remained perfectly well during eight months. At the end of this time, *menstruation again took place, and, along with it, a return of the spasmodic affection.* Similar means were resorted to, and similar effects have followed."

Remarks by Dr. Harrison.

In this case, although the patient had

only attained her eighth year, the constitution was already considerably evolved. The mammæ were in some degree enlarged, and, for the preceding four months, she had regularly menstruated. Eight months afterwards the catamenia and spasms returned, and disappeared together. Efforts to menstruate had also been observed, when she was only six years of age.

The uterine system, the most influential of the female organs, is liable to many accidents and derangements, which have a tendency to disturb and injure its functions, and extend a morbid action over the whole frame. In early life, this viscus and its appendages are small and quiescent. As the body grows, they not only enlarge along with it, but undergo extraordinary modifications to fit them for the business of procreation, and to nourish the tender fœtus. The full development of the sexual organs occupies several of the earlier years. Towards the decline of life, they are destined to undergo ulterior changes, which incapacitate them from continuing to discharge their proper offices. These two periods constitute the most important eras in female life, and lay the foundation of many distressing ailments. The maturation of the generative members takes place at different ages in different countries, and with different individuals. In England, the bodily organisation is seldom fully expanded before the fourteenth year, or later. Its completion is characterised by many constitutional evolutions. The most remarkable are displayed in the uterus and ovaria. In the former, periodical discharges occur of a peculiar nature; in the latter, a vivifying fluid is generated, which, being mixed with the male semen, forms the rudiments of the human embryo. When the mammæ enlarge, and the uterine organs display their functions prematurely, the health generally suffers in consequence of the unnatural changes.

We are wholly ignorant of the methods employed by Nature to effect these constitutional alterations. They are, however, obviously attended with a partial determination of blood, and dilatation of the implicated vessels. But by what secret contrivances and previous arrangements their calibre is increased for these important purposes, we know not. It is, however, certain, that whenever the natural evolutions of any part take place unseasonably, irregular efforts ensue, and disorders are set up in the same organs. Of this remark, we find the most striking and unexceptionable illustrations, in contemplating the morbid phenomena, which follow sudden changes, in departments of the human frame, lying under our immediate cognisance. We find, moreover, that so long as the various parts of the body expand simultaneously, they maintain a just relation to one another, and a harmonious co-operation is preserved. No morbid determinations ensue. No disproportioned growth is observed; no disorders of irregular formation occur. The constitution increases progressively, and the corporeal evolutions appear in regular succession. When the body enlarges in some parts faster than in others, the natural concordance is interrupted, and confusion prevails in the system. This derangement lays the foundation of numerous maladies. A precocity in the sexual organs is the fertile source of nervous complaints. The constitution, subjected to the powerful agency of a new stimulus, before the stamina are prepared to receive its impulse, suffers from the inordinate operation superinduced. In the present instance the uterine, and probably the ovarial functions also, were brought into play, before the due season. The irritation thus produced, acting upon the nervous fibrils of the sexual members, and being conveyed from them to the spinal chord, or organ of motion, occasioned the choroid agitations displayed in this case.

Many examples of mania, as well as of epilepsy, hysteria, and other convulsive maladies, originating in the sexual viscera, are upon record. Although the exciting cause operates first upon these organs, its influence is extended from them to the nerves of voluntary motion; and is, moreover, occasionally transmitted along the spinal chord to the brain. Here, by disturbing the sensorium commune, the mind is made to participate in the affection. This shows itself in different degrees of temporary, or more permanent, derangement. It is of great importance, in practice, to distinguish this variety from the other species, with which it is too generally confounded. I have had occasion to witness the erroneous notions, in this respect, of medical men, and their employment of remedies to the head, when the epileptic paroxysm, for example, originated in the teeth, the digestive organs, or other remote part. In a recent case of this sort, which had been treated with leeches, blisters, and cold affusion upon the head, I discovered that the mother was in a state of pregnancy. No sooner had another wet-nurse been substituted for the natural one, than the complaint disappeared, affording a convincing proof that the epileptic symptoms originated in unwholesome food.

The ingenious writer of the present case seems inclined to attribute the chorea, and early menstruations, to a morbid condition of the cerebellum, because he found the cupillitium over it hotter, externally, than the surrounding scalp. This source of convulsions has lately been advocated by learned and able pathologists. It is a question

which experience can alone determine. In the mean time we may observe, that although the occiput was preternaturally heated, it does not follow that the cerebellum was the seat of chorea. I am not aware that increased action of the encephalon, or its membranes, necessarily leads to any augmented warmth in the part exercised. According to my views of chorea, the disorder, in this instance, is to be looked for in the generative system, rather than elsewhere. These important organs were prematurely evolved, and called into inordinate action, before the constitutional energies were sufficiently matured and invigorated to bear the new stimulus with impunity. Hence they gave way to causes which, under more favourable circumstances, would not have produced any morbid impression or disturbance. Besides, as means were employed at the same time to regulate the bowels, I am inclined to impute her cure to them, rather than to the local application of leeches, and cold applications to the occiput. Moreover, as the chorea and uterine evacuations disappeared simultaneously, I think the choroid manifestations only left her, on the irregular movements of the uterus ceasing to agitate the frame.

Of Puerperal Convulsions.

Having, for the present, concluded the few remarks that I proposed to make on the above case, I now proceed to the consideration of another distressing malady of the uterine system, still involved in great obscurity. Many of its leading symptoms bear such a striking resemblance to the preceding case, as to justify their being placed together, and to encourage a reasonable expectation, that by regarding them in this way, they will mutually illustrate each other. The latter disorder, generally called *puerperal convulsions*, having bereaved many husbands of dear and affectionate wives, claims our anxious solicitude. Moreover, by depriving the British people of an amiable princess, it lately plunged a whole nation into the deepest misery and affliction. Though always an attendant on parturition, it sometimes precedes, sometimes follows, that interesting event. The attack is always sudden, and generally unexpected. The symptoms are peculiarly violent, imitating hysteria or epilepsy, but they are much more extravagant and distressing than either. Sometimes it appears under the semblance of general convulsions. The countenance is more hideously distorted, than it is possible to conceive; the eyes open and shut in quick succession; the mouth is in continual motion, and emits an indescribable hissing sound; the lips are covered with foam; the breathing is often stertorous, and the limbs are tossed about with the most frightful agitations. To add to the miserable situation of the mother, she is all this time in a state of total insensibility. According to my experience, the complaint is produced by sharp and hasty labours, rather than lingering or unnatural births. The weakly and indolent are more liable to suffer from it, than the hardy and active.

The origin of this alarming disorder has, among other causes, been imputed to an irritable condition of the womb. To me, it appears rather to proceed from an injury inflicted upon the uterine nerves, than from any other cause. By the too rapid and forcible dilatation of the cervix uteri, os tincæ, or vagina, some of the nervous fibrils are so suddenly elongated, as to become fretted, unduly stretched, or perhaps actually torn, if not burst asunder, in struggling to expel the child. The morbid affection impressed upon these minute nervous ramifications is immediately conveyed to the great sympathetic and spinal chord. It is then carried to other spinal nerves, by which means those distressing spasms are produced in the muscular system, as already explained.

Several years ago I was sitting beside a middle-aged female, the mother of several children; she was of large size, and very corpulent. While reclining in an easy chair, and engaged in conversation, she suddenly sprang forward, and fell prostrate upon the floor, as if dead. She was far advanced in pregnancy, but had given no previous notice of the approaching accouchement. After an anxious pause, and suspension of the vital powers for a few seconds, general convulsions burst forth in the most sudden manner, and to an alarming degree; they seized upon the limbs and countenance at the same moment; both were frightfully agitated, and she writhed incessantly. The child was speedily expelled by the mother's own efforts, and without her being at all conscious of what had taken place. The placenta immediately followed, unattended by any particular circumstance. No pulse could be felt for some time, and the vibrations of her heart were scarcely perceived. The spasms continuing unabated, a large dose of tincture of opium was given. The room being darkened, and perfect quietude enforced, she gradually sunk into a disturbed, and afterwards a calmer, sleep. In this state she remained four or five hours, and then awoke completely exhausted. The action of the heart and arteries being still very feeble, I persevered in the means above recommended; these, with saline remedies and aperients, prevented the recurrence of fits, and she slowly recovered her former health.

Soon afterwards I was called to a robust and healthy female, about twenty-five years of age; it was her first child. The labour had been sharp, but of short duration. She remained free from pain only a few minutes after the accouchement; she then became suddenly and universally convulsed, with the most horrifying spasms; her face, eyes, and mouth were frightfully distorted, and in continual motion. I found her insensible, and unconscious of every thing around her; the countenance was flushed, and the pulse beat about 85 strokes in the minute; it was rather strong, full, and hard. A vein being freely opened, twenty ounces of blood were speedily extracted; the arm was then bound up. The fits became milder from that time, and returned at longer intervals. A full dose of opium procured several hours' sleep. On her awaking, it was discovered that the bandage, having slipped aside, more than twenty ounces of blood had escaped from the orifice into her bed. This second loss of blood was so effectual that the fits never returned; the face appeared no longer flushed, and her skin felt cool; the pulse had become small, soft, and of moderate frequency. By strict attention to regimen, and the state of her bowels, together with anodyne and saline medicines, she soon regained her former health, and was able to suckle the child. She lived to be the mother of five or six children, but had no returns of her spasms.

So many distressing ailments, arising from local injuries to particular nerves, are recorded in medical books, that I think we are warranted, from analogy, to impute the invasion of puerperal convulsions to the lesion of some nerve in the uterus or vagina. Before I proceed to the cure I will detain the reader, by relating three instances of injuries to the nerves in other parts of the body; they came under my own observation, and although similar examples have often occurred to others, they are, I think, calculated to strengthen, if not actually to establish, the doctrines I have advanced.

Being sent for to a distant patient, I was desired to see the wife of a medical practitioner in the same town, who was afflicted with distressing spasms; they returned, at uncertain times, every day, affecting both her legs, arms, and visage for several minutes. She retained her senses during the fits, and soon recovered after they were over. I was informed, that she had met with an accident, several months before I saw her. While engaged in cutting some slices of bread the knife slipped, and passed into the inside of her thumb. Though no more pain than commonly occurs after such a wound was felt at the moment, spasmodic twitchings commencing in the same thumb were soon perceived; they quickly extended from it over the whole member, to the other arm, to both legs, and the countenance, producing hideous distortions of the face and violent convulsions in the limbs. Under a strong persuasion that a branch of the median nerve was partially cut, or some of its twigs unduly stretched, or fritted by the injury, I recommended, with a view to relieve the part; that a deeper incision should be made in the same place. The opinion not being supported by the attending physician, or agreeable to the patient, it was overruled; though many remedies were afterwards tried the spasms continued unabated. Disappointed in her expectations, she was at length induced to visit Edinburgh, and place herself under the care of the late Professor Monro; by his direction the thumb was amputated a little below the hurt. The convulsions immediately disappeared, and never returned. It is, I think, a reasonable inference, that the spasms proceeded either from injury of a branch of the median nerve, or some of its fibrils. Although the mode pursued was certainly the most effectual, I am sorry that a regard for the usefulness of the thumb did not lead this eminent practitioner to try the effect of a deep incision before he proceeded to dismemberment.

Case 2. A similar accident befell an elderly lady, from the same cause and in the same part. Convulsions immediately supervened, for the first time in her life; she always felt them in the wounded thumb, and they were propagated more or less extensively from it to the limbs and face. The cut soon healed, and after a few months the spasms gradually left her.

Case 3. I was called, a few months since, to a healthy boy, of the sanguine temperament, and about eight years old. He was brought from the country to London for medical advice, afflicted with violent spasms in his face and limbs; they returned every hour or two, and each fit lasted more than five minutes; his intellects were not in the least affected, nor did he suffer internally, except from involuntary discharges of urine during the paroxysms. On examination, I discovered a hard inflamed lump in his neck; it felt hot to the touch, and appeared about half the size of a small St. Michael's orange. This swelling was situated on the left side, over or near to the great sympathetic, par vagum, and origin of the phrenic nerve, as well as several of the cervical nerves. I did not hesitate to refer the convulsions to the pressure of this hard and inflamed body upon the cluster of nerves under it. This opinion being confirmed, by one of the most eminent anatomists and surgeons in the metropolis, our indications were formed accordingly. The boy was first put into a warm bath, and the phlegmonous tumour

was afterwards fomented half an hour with the decoction of poppy heads and chamomile flowers. A linseed poultice was then placed over the same part. The fomentations and poultices were renewed every six hours, till suppuration came on; this took place the third day, and the pus was carefully discharged. The abscess healed in a few days, but so successful was the treatment, that no convulsions appeared after the first bathing and fomentation.

But to return to the consideration of our proper subject. It cannot, I think, be denied, that a bruise, or other injury of the uterine nerves, received from the pressure of the child in parturition, is in itself not only quite sufficient, but often produces the whole train of symptoms which constitute puerperal convulsions.

According to the etiology of this formidable disease, as above laid down, it will be necessary to add to the remedies usually confided in, such as have a direct tendency to sooth and compose the uterine organs; for this purpose opiates are particularly required; they may be given by the mouth, and passed into the vagina, or rectum. Immersion in the warm bath, or hip-bath, will also be highly serviceable, and may be frequently repeated. Neither should anodyne fomentations to the abdomen and pudenda be overlooked or neglected.

(To be continued.)

VITALITY OF THE BLOOD.

"Mirabile videtur quod non rideat haruspex eum haruspicem viderit: hoc mirabilius quod vos inter vos risum tenere possitis."

Cicero de Nat. Deor. lib. i.

Curiosity has been so much excited in anticipation of the peculiar views of Dr. Whiting, on the subject of the vitality of the blood, that I for one looked forward with some degree of anxiety for that important period, when the debates of a certain Society upon "reports" and "explanations" might suffer a brief interruption, and permit the learned Doctor to overturn the Hunterian doctrines by the splendour of his eloquence, or the force and vigour of his argument. Such a consummation has, at length, happily occurred. The "awful din of preparation" has been succeeded by an evening redolent of weighty truths; and the obstetric talents of Mr. Bransby Cooper have kindly assisted the parturient efforts of the mountain pregnant with a *mouse*.

But, begging pardon for the levity of an exordium ill adapted to the subject, permit me to ask both Mr. Cooper and the Doctor, whether they are sensible of the error they have equally committed, in supposing the coagulation of the blood, when exterior to the body, to result from the *active* agency of vitality, or any other power peculiar to that fluid; or if they do not conceive it more reasonable to suppose, that be the blood alive or dead while in the body, coagulation *out* of it occurs in consequence of its removal from the operation of causes by which it was previously influenced; in fine, that the separation of its constituent parts takes place, *not* from the *positive* agency, but from the actual *negation* of those powers by which it was before preserved in a state of fluidity. So far, then, I conceive the speakers to have been equally in error with regard to the uses they have made of the fact of coagulation, as an argument for or against the question at issue; while, if viewed in its proper bearings, I conceive it to be essentially subversive of the doctrines which Dr. Whiting advocates.

When blood is removed from the body, we know, as a matter of fact, that it speedily separates into two portions—one more or less solid, the other fluid; and we know it from experiment to be equally a fact, that *heat* and *motion*, the only known agencies independent of life, to which it is subjected while in the body, may be applied in equal intensity to blood exterior to the vessels, without their retarding, or accelerating, or preventing in any appreciable degree the changes which, under such circumstances, it undergoes. The fair and legitimate, nay, the *inevitable* conclusion from these facts appears to be, that coagulation takes place in obedience to the chemical laws of solubility, upon the removal of some power, or agency, which had previously suspended or modified their action; and, as we have positive evidence that the condition of the blood, with regard to its fluidity or otherwise, is not influenced either by the chemical agency of heat, or the mechanical agency of motion or attraction, so are we compelled to attribute the phenomena it exhibits in the one case to the *presence*, and in the other to the *loss*, of that power, or agency, or principle, or by whatever other name we may call it, which not only in the blood, but throughout every fibre of the living body, controls and modifies, and suspends the ordinary laws by which the changes in dead matter are regulated; in other words, I conceive we are led to the conclusion that the blood is fluid, simply because it is *alive;* that it coagulates, simply because it is dead.

The Doctor triumphantly exclaims, "If the blood were vital, it ought to show its vitality during life, and not wait till after death to do so." Now the fact I maintain to be, that it *does* show its vitality during

life, and during life *alone*, and that its coagulation, so far from being at all dependent upon its vital powers, is only a proof that such no longer have existence. What is it that makes blood in the living body, when impelled to the remotest fibre of the frame, deposit in each part, from one simple fluid, the endless variety of dissimilar materials which in their aggregate constitute the different organs? What power is it that causes this same fluid, in its morbid aberrations, to rear up structures altogether different from any part of the healthy body, to build a polypus in the uterus, or a tumour on the leg? What is it that causes it to repair a part divided by incision, or replace that destroyed by gangrene? Why, *its vital energy*. And again, what is it that causes it, when removed from the situation in which alone such vitality can be sustained, to become a semi-solid *mass*; and, finally, by the reaction of its own elements, under the guidance of their chemical affinities, to pass into a state of nauseous putridity and speedy dissolution? Why, the *absence* of *vitality*, giving freedom to the operation of agencies which life controlled.

I was not, I confess, exactly prepared, in the present age, for the staggering assertion, that digestion is purely a chemical solution which can be "*imitated out of the body*;" and the inference, I presume, intended to be deduced from such assertion in the ascending scale of reasoning, is, that as food passes into chyle by chemical agency, so chyle passes into blood by the same power, and so again blood into the organic structures which it forms. When the modest and unassuming Bombastus Paracelsus, teeming with the young and budding visions of alchemical science, gave forth to an astonished world his far-famed recipe for making men by a chemical process, he had at least the *tact* to guard against the utter and instant downfall of his *spagiric art*, by imposing conditions as essential to success, which he well knew could not be fulfilled. With more of chivalry perhaps, but certainly with less of discretion than his illustrious prototype, our modern *spagirist* asserts *that* to be a fact, which besides being disposed of by a hundred experiments already, is still open to the attempts and failures of all inquirers; and permit me therefore to ask the Doctor in sober seriousness, if he really intends to assert that he ever *has*, or further if he intends to express a conviction that he ever *can*, by any means within his powers to apply, or by the adaptation of any circumstances under his control, produce, *without the aid of a living stomach*, any solution or concoction of food at all analogous to digestion, any fluid at all similar to chyle. If, in fine, he can effect more than by the agency of the gastric juice, to produce a certain degree of softening in certain foods, which approaches about as near to the operations of the living stomach, as the light of a rush-light to the splendour of a summer sun.

Oh! Doctor, Doctor, have you ever seen the pithy saying of Hunter? if not, here it is: "Read, learn, and *inwardly* digest. *Some* people, gentlemen, will tell you that it is a mill, others that it is a fermenting tun, and others, a stew-pan; but I say, gentlemen, that it is neither a mill, a fermenting tun, nor a stew-pan, but a stomach, gentlemen, a stomach." A few words more, and I have done. The difficulties in admitting vitality to the blood, depend much upon the exceedingly vague and undefined idea which we are apt to form of life. Of its real nature or essence we know nothing, and it is only from its phenomena or effects that we infer its existence. But men, seizing upon motion and sensation, the two most prominent of these attributes, are apt to identify the term life with them and them alone, and to conceive that as the blood has no inherent motion and no sensation, so it cannot be alive; if, however, we are to admit of an analysis of life upon the basis of a simple inquiry into the nature of those phenomena by which living bodies are so essentially distinguished from dead ones, if we are to grant that there is a motive principle that operates through the muscular apparatus, a sensitive principle which pervades the nerves, &c. &c., we must equally admit that the blood is pervaded also by a principle which enables it to effect the *formative* operations of the machine, in a way altogether different from any known power of chemistry or mechanics; or, in other words, we must allow the blood to be alive. All the dreams in which philosophy ever has indulged, having for their object the explanation of the phenomena of life upon the ordinary laws which influence dead matter, have utterly failed; and the living body, so far from being subservient to such, is ever waging an unceasing war against their agencies, and exhibiting a constant and enduring refutation of chemical and mechanical physiology. Of its various parts, none offers a more striking example of this truth than the blood; its constituent parts, held in nice balance during life, remain fluid and adapted to the purposes of nutrition; removed from the frame, chemistry asserts her empire, and the then insoluble parts separate. How is this, except from the presence or absence of life? But enough: for myself, I cannot, for these reasons, doubt of the vitality of the blood; nor am I certain, but that to some persons who maintain other views, I might say with truth, in the language of Cicero, "Ne tu quidem Velleï; sed non vis fateri."

J. S. C.

Islington, 25th April, 1829.

AMERICAN OPINIONS AND PRACTICE.

At the head of their analysis of medical journals, the editors of the American Medical Recorder usually place the figure of a woman with a sieve in her hand, shaking the chaff from the wheat, and casting the former to the winds. If the lady, who appears to be a kind of Yankee Britannia, will allow us, we will occasionally borrow her sieve, and see if her own heap will yield us enough grain to pay for the trouble of shaking it up. In doing this we shall prove that the observation of Dr. Samuel Annan, p. 79 of *The Recorder*, now before us, No. 43, is as untrue as it is peevish. "That British surgeons," says Dr. Annan, "should consider any thing emanating from a foreign source as undeserving attention, is in strict keeping" with their general character, we suppose. However forcibly he may think this applies to gentlemen of the same stamp with the two whose names he quotes in immediate connexion with this passage, his remark, as far as concerns its general application, is absurd; and as for Mr. Earle and Mr. Brodie, we have no doubt of the result, the moment they see the extract we shall make from Dr. Annan's article. They will hasten to purchase Dorsey's Surgery, and Jameson's Essay on Traumatic Hæmorrhage, and follow the example of Mr. Vickham, the Vinchester Bat, who, after a reluctant struggle of two months, was induced to try the buckskin ligature. We subjoin at once a summary of the arguments in favour of

LIGATURES OF COMMON BUCKSKIN.

"If there should happen to be a scarcity of silk-worm bowels,* which sometimes appear to have answered exceedingly well in the few trials they (the British surgeons, who consider foreign information as undeserving attention) have ventured upon, they will find that narrow strips of the thinner parts of common buckskin, as found dressed in the shops, are at least equal, if not superior. It can be easily procured in all situations; can be cut of any thickness to suit the size of the vessel; is less likely to cut through the coats of the artery, and, consequently, there is less risk of secondary hæmorrhage; it is soft, and readily acted on by the absorbents; offers no obstacle to union by the first intention, and causes no more irritation than is sufficient to procure the obliteration of the vessel. But let the fact, as to its superiority over the silk-worm gut, be as it may, the latter having been found to answer, it is to be hoped, for common humanity's sake, that we will not hear any more of 'exquisitely painful stumps, protracted suppuration, profuse discharges, and threatening debility,' from the use of the silk ligature, which not only protracts the cure, but is productive, in many cases, of much greater and longer-continued irritation."

* From our own experience of ligatures, made with the gut of silk-worms, we should say, without hesitation, that they ought *never* to be used.—Ed. L.

TREATMENT OF DYSENTERY.

It is admitted, that in most cases the disease is not necessarily fatal. Why then does it terminate so many lives? The answer is plain. There is no settled method of cure, or if there is, it is not generally followed. It appears to me, that there is scarce a disease which has been so long known, about which there is so great practical difference of opinion. Dysentery is not a local, but a general disease, and it must be treated on general principles. It is this plan alone which can harmonise the opinions of medical men, and render their prescriptions more generally successful. In a nosological arrangement, I class dysentery among those diseases stictly called fevers. In its treatment, I should labour to establish three important positions; that purging is the *true* remedy—that cathartics must be used in large doses, or, at least, that they must be of an active kind, in moderate doses, quickly repeated—and that the doses must be *successive*. The summary of the treatment consists in evacuating the bowels daily with suitable medicine. Trust no eyes *but your own* for evidence, that it does actually operate; and I am prepared to assert, that many of the worst cases of dysentery, may, by these means, in two days, be converted into an ordinary remittent fever; with this difference, however, that if the cathartic be carefully continued, the dysenteric symptoms will not return, and the patient will speedily recover.—*Dr. William Horton, New York.*

PHLEGMASIA DOLENS.

The cases which have come under my own observation in my own practice, or that of my medical friends, lead me to the following conclusions. 1. Phlegmasia dolens, though most common in child-bed women, is sometimes seen in women of all ages, and sometimes in men also. 2. The swelling, mostly in one limb, sometimes in both, is always of a shining white colour. 3. All writers say it is unsuppurative, and that there is always more or less effusion. 4. It is obviously an inflammatory disease, which we infer both from the symptoms and from

the good effects of topical bleeding, and other depletory remedies. And lastly, I may venture to pronounce this a variety of *phlegmatic* inflammation, or an inflammatory action, the tendency of which is to the effusion of serum. To arrive at a successful practice, we must first look to the general system, and lower the action of the heart and arteries, by general bloodletting, or not, according to circumstances. This done, we employ topical bleeding by leeches or cupping; give cathartics; sometimes a little calomel, mostly crem. tartar and jalap—or, if the state of the patient will admit of it, one-sixth, or one-fourth of a grain of elatine may be given, by which we may procure copious purging. I usually repeat this article every two hours, till the desired effect is produced, and repeat the medicine once or twice a week. As a local application, I have seen the use of cabbage leaves attended with good effects—they operate by keeping up free perspiration. Hog's lard usually relieves the painful tension attending phlegmatic limbs, and sometimes is attended with the happiest effects. In the advanced stage of the disease, (and this is mostly a disease of considerable duration,) stimulant liniments and blisters may be useful, with, or without, according to circumstances, the internal use of tonics. Sp. terebinth. and sweet oil make a good application, or a little oil of sassafras mixed with simple ointment.—*Dr. Jameson of Baltimore.*

ON THE PERMANENT CURE OF FEMORAL HERNIA.

By G. JAMESON, M.D., *of Baltimore.*

THERE appears to be a paucity of information on one point relating to femoral hernia, i. e. whether there be an increased or diminished liability to strangulation, after the ordinary operation. So far as my memory serves me at this time, few authors have said any thing respecting this point. The common opinion with the profession is, I believe, that the operation does not lead to permanent cure. Mr. Hey, of Leeds, found his patients very liable to a return of hernia, but that strangulation seldom or never took place after operation. Under my own observation, Mr. Hey's remarks have been found correct.

If it be admitted, however, that strangulation seldom occurs a second time, we should not lose sight of the fact, that such persons must always be liable to injury of protruded parts, from blows, falls, &c. and even a well-adjusted truss will not always afford safety, particularly to the labouring classes of people—in the act of stooping, straining, and the like, parts may be protruded suddenly, and subjected to violence. Besides, trusses are extremely unpleasant to most persons, and particularly to women; these views of the subject have induced me to make an effort to overcome this difficulty. I have lately met with a still stronger inducement for attempting the permanent cure of femoral hernia, which I shall state, after describing the method which I practised some years since, I believe successfully.

CASE AND FIRST OPERATION.

I was called to see a young lady in the month of December, 1822. She had concealed the disease for several days, not only from her female friends, but positively denied having any appearances which would warrant the belief of her being affected with hernia. In consequence of this absurd conduct, she was brought into extreme danger before she disclosed the fact of her being affected with femoral hernia, which had existed three years, attended with much suffering and occasioned by a fall. It would be unnecessary to detail the symptoms and treatment; suffice it to say, the symptoms were extremely violent, and all the usual means for reduction were employed ineffectually. Two practitioners were present at the operation which I performed. The following remarks are from my notes of the case: "There is a small tumour in the groin about the size of a walnut, but oblong, exceedingly tender to the touch. It feels soft, and gives to the finger the sensation of omental hernia. This tumour has existed three years, and no attempt has been made to reduce the part; it is therefore very probable, that more or less considerable attachments have been formed." The tumour having been uncovered in the usual way, I now discovered that whatever might be the nature of the hernia, "that it was firmly attached all round to the ring. I therefore discovered at once, that the part protruded could not be reduced, until the attachments were broken up. This was cautiously done by means of the finger nails, and by scissors. In doing this, I discovered that the hernia was omental, that a portion of the omentum was agglutinated into a ball, and could not be unfolded." This tumour being detached from the surrounding parts, and the stricture divided by cutting the falciform ligament, and those of Gimbernat and Cooper, I succeeded in returning the mass of omentum uninjured. The symptoms were alarming during the three or four succeeding days, but she recovered. After she was restored to perfect health, she upbraided me with having deceived her in regard to a permanent cure of the disease, a thing which had not once crossed my mind. To save life was the object of the operation, but she somehow associated the idea of a cure with the operation, and was sorely disappointed, when she found, about two weeks after the

operation, that the hernia had returned. It was in vain that I endeavoured to persuade her to be reconciled, and keep herself comfortable by wearing a truss. She harassed me by sending frequently for me, and declared again and again, that she would never have submitted to an operation, on any other terms than that of a perfect cure. That she would gladly submit to a second operation, if it could be made to answer her wishes, but that she was fully determined not to live under existing circumstances, though she had no other than mental suffering, but this was such that she would destroy her own life. Her entreaties set me seriously to reflect whether any thing could be done for her, likely to meet her views. Being a woman of education, and of strong mind, I laid the following views before her, for reflection. No operation has been practised with a view of affording exemption from return of femoral hernia. This is, therefore, a strong inducement for you to remain satisfied with your present situation. I therefore unhesitatingly recommend the use of a truss, and leave matters as they are. If, however, you are fully determined upon having something done, you must be aware, that as no operation has been practised for the purpose, any thing which I could attempt in that way, must be an experiment. Bearing this in mind, then, I will engage to perform a new operation, and have reasonable hopes of affording you relief, or I would not undertake it. After a few days' reflection she informed me that she was ready, but must insist that no one but her maid should be present—saying, I had sufficient proof of her firmness in the former operation, that she could bear whatever might be necessary, and that she had an insuperable objection to the profession knowing any thing of the case, considered in reference to herself.

SECOND OPERATION.

She being in good health, so far as compatible with a most fretful irascible mind, I performed the following operation without any assistance except that of her maid. The hair carefully shaved off the part, I made an incision through the skin and fatty structure down to the fascia of the thigh, a little to one side of the centre of the femoral aperture, and a little obliquely upwards, and a second incision beside it, by which I cut loose a lancet-shaped piece of integument, the widest part of which was fully three-fourths of an inch wide, and two inches in length. Its longest diameter upwards and downwards, and most of the tongue-like flat below the *aperture*; wide end down, and cut loose; the upper left attached to the skin over the edge of Poupart's ligament, by which connexion this flap was to be sustained. The fascia being now cut, and the hernial tumour returned, the thick end of my flap was forced into the femoral aperture. Then the skin on either side was drawn over the flap, and united by means of three or four sutures; this completed the operation.

Remarks.—In offering my views upon the above operation, I shall speak of the intentions, of the objections, and of the inducements. The first thing, perhaps, which would excite the curiosity of the surgical inquirer, is the smallness of the femoral aperture; and a little observation will convince him, particularly when he examines this aperture, as it is pressed open by some protruded and strangulated part, that the opening approaches, in some degree, the round form. This suggests clearly the practicability of shutting up this opening, provided any living structure can be withdrawn from some other point, and made to adhere to the surface of the opening. And having formed a stopper, as already described, its chances for adhesion would be much increased by closing the skin from either side of the flap, over it. This healing by the first intention, will secure the stopper in its place, and if it should so happen that the internal surfaces do not heal by the first intention, secured as they are, they will adhere by granulation. It may be objected to this method, that the cuticle and hair found on the flap, will interrupt the healing of the parts. I expected some difficulty from this source, and had thoughts of removing the cuticle by an epispastic, but concluded trying what nature would do in such a case. It is a law pretty strongly bearing on our structures to a certain extent, that parts that are useless are removed by absorption, and it would seem that neither hair nor true cuticle can be formed on parts secluded from the contact of common atmospherical air. In the present case, I believe they would both be absorbed. My case, however, did not afford me the necessary opportunity of deciding this point. Being without assistance, the sutures were not so well secured as I wished, and, indeed, I was much disappointed in the behaviour of my patient; her deportment was very different from that in the first operation. Vomiting and restlessness were troublesome for a day or two, and the outer skin did not heal in its whole extent by the first intention. Still it healed in considerable part, and the flap contracted into a hard knob over the aperture, and thus was it closed, so as to prevent return, to the best of my knowledge. The additional pain attending this operation is trifling, as the incisions for the flap will answer very well for the external incision, provided we make

the flap a little obliquely across the hernial tumour.

SECOND CASE, AND OPERATION.

The fact noticed in my first operation, and which is frequently witnessed by surgeons, of the protruded parts growing to the surface of the aperture, gives a strong reason for believing that any living structure, confined here without any undue pressure, would become fastened. Besides, the skin which is brought over to press on the flap, after it is introduced into the aperture, will tend strongly to give the flap the effect of a stopper, until adhesion shall have taken place. But a stronger inducement has lately presented itself in my practice, for this operation, than any yet offered. I was called lately by my friend, Dr. Amos, to see a case of strangulated hernia, in a woman upwards of forty. The strangulation had existed several days, and as the patient had great fears of an operation, she resisted the doctor's advice of calling me in, three or four days—the symptoms not being violently urgent, but daily growing worse. Satisfied that every thing had been done by Dr. Amos, the operation, with his concurrence, was proposed, but objected to by the patient till the next day. The usual operation for femoral hernia was performed. The protruded parts were found to be a portion of the side of an intestine covered by the omentum, which adhered to it, over the whole surface of the tumour. This presented a difficulty in ascertaining the precise nature of the hernial tumour, and required the cautious use of the point of the knife, in cutting through the omentum, before the coat of the intestine could be distinguished. The part of the intestine protruded was so large, and so obviously on the side of the intestine, that I supposed it to be formed out of the caput coli. The attachments removed, the stricture divided, the intestine was relieved from risk of stricture by the omentum, which closely embraced it, by running a probe along the whole extent of the tumour, between the intestine and omentum, and cutting the omentum on the probe; the intestine safely lodged in the abdomen, the patient was dressed, with a full persuasion that, as regarded the operation, every thing had been fully and safely accomplished, but the intestine was so livid as to excite much fear of the inflammation which existed.—Things went on extremely well till the fourth day, except that the bowels were not freely relieved. On the fourth day the patient became suddenly worse, and strong suspicions were now excited, that the bowels had not been open since the operation, although the nurse had assured us to the contrary. She gradually sunk, and died about the 12th day.

Post-mortem Examination.

On examining the body, I found the inflamed intestine adhering somewhat to the peritoneum, and this no doubt existed at the time of the operation, as I made some effort to bring down a portion of intestine at the time of operation, but could not succeed. But I also discovered that a portion of the ileum, much distended and thinned, (this intestine was much thinned in its general extent,) had been drawn into a pouch, resembling the bladder of a small animal, to form the hernial tumour; that this weakened intestine, injured as it was by the strangulation, had never recovered its proper form; that the lower end of this sack had been forced slightly into the femoral aperture, which, though not sufficiently compressed to affect its vitality, was prevented from assuming its proper place, as a portion of the intestinal tube. The tube was thus not only prevented from doing its office as such, but its vitality was so much impaired from the inflammation as to prevent recovery. In a word, then, I think this patient would have had a better chance of recovery if the *aperture* had been stopped, as I have proposed. I believe the end of the little pouch just noticed, was forced into the aperture on the fourth day, in the act of vomiting. This is, at all events, a curious case, and shows that a sort of consecutive strangulation may take place. This I could not suspect in this case; previous to the patient's death I repeatedly examined the wound; there was no tenderness, nor the lightest tumour; on the contrary, it afforded one of those instances, which I have now and then seen, of wounded parts healing by adhesion, without heat, redness, pain, or any discharge whatever.

ABSCESS AND DISORGANISATION OF THE BRAIN WITHOUT COMA.

To the Editor of THE LANCET.

SIR,—In answer to the inquiries of a correspondent in the last number of your Journal, I have to observe, that the function of the affected ear was, in the case to which he alludes, from the commencement of the complaint, very much impaired, and more so during the last attack than at any previous period. There was not, at this time, any discharge whatever from the ear.

Yours &c.,

W. G. EVERETT.

Peckham, April 24, 1829.

THE LANCET.

London, Saturday, May 2, 1829.

WATSON, Embroiderer and Secretary to the Old Hags of Rhubarb Hall, has published a letter for the avowed purpose of "contradicting, in the most unqualified manner, a mis-statement contained in THE LANCET of the 18th inst.;" and he has extracted from THE LANCET the following passage, as containing the mis-statement (query statements, WATSON?) in question. Several of the lines he has printed in *italics*, to show, we suppose, that those portions of our article are the most inaccurate and objectionable. "The *mis-statement* I allude to," says WATSON, "is as follows:—The whole scheme of examination at Rhubarb Hall is well adapted to the powers of the Examiners, seeing that it is made to depend on the inspection of certificates, and the verification of dates; *but the grand test of qualification is that whereby it is ascertained, that no part of the candidate's extra-official knowledge has been acquired during the five years which must be exclusively devoted to the services of the shop.* No degree of knowledge, no amount of professional acquisitions, will avail the applicant for a licence at RHUBARB HALL. On the knowledge or professional acquisition of the candidate, the worshipful examiners do not, for the best of reasons, undertake to deliver any opinion. What they require is, the production of certificates, showing that the candidate has attended certain courses of lectures: *but if the date of these certificates happen to fall within the five years required to be consumed in the drudgery of a shop—this is a fatal objection to the candidate's admissibility*, and he is rejected as incompetent to discharge the duties of a medical practitioner. In vain may the candidate urge, that he is ready to undergo the most searching examination: it is useless, say the Worshipful Tradesmen, to urge your pretensions; *we can only examine your certificates, and your certificates are dated at a time when your whole attention should have been devoted to the services of the shop.*"—LANCET, No. 294, page 82.

And now for the embroiderer's "unqualified contradiction." "The Court of Examiners, I assert, have never, from the very first day on which the Court was formed, to the present hour, refused to admit any candidate to an examination, because he had attended any part, or the whole of the required lectures during the period of his five years' apprenticeship; nor have they ever had, at any time, any intention of making a regulation to that effect. The Court of Examiners are fully sensible of the great benefit which medical students derive from attendance on lectures during their apprenticeship; and they have, on this account, given their countenance and support to the medical schools which have, within a short period, been established in Manchester, Liverpool, Birmingham, Bath, Bristol, Leeds, and Sheffield. The records of the Court contain ample testimony, that more than two-thirds of the persons examined did attend available courses of lectures during their apprenticeship; and the book in which the names of the rejected persons, and the reasons for their rejection, are registered, proves that no candidate has been refused a certificate on any other ground, than a deficiency of knowledge and of professional acquirements."

The members of the Court of Examiners are evidently much annoyed at our observations on their incompetency, and still more so at the exposure of some of the peculiarities of their system. But it was to have been expected, that the Hags of the Cauldron would have had more discretion, notwithstanding their fury, than to have directed their imp to put forth such an "unqualified contradiction;" which, all things considered, is surpassingly foolish, false,

and impudent. That the worshipful Company of Apothecaries would endeavour to uphold the public delusion under which they now fatten, by contradicting any statements that from time to time may appear in the pages of this Journal, we can readily believe; but, that they should take pains to contradict themselves, and to prove that they are the greatest asses in existence, or something worse, is almost beyond human credulity. Let the reader carefully peruse the following passages from the Worshipful Examiners' last regulations, which will be found in No. 269 of this Journal; when he has done so, let him contrast them with the "unqualified contradiction" of JOHN WATSON, and then let him pronounce his opinion on the character and tactics of at least one portion of our infamous and corrupt calumniators.

"*Every candidate* for a certificate will be required to produce TESTIMONIALS of having served an apprenticeship of NOT LESS than five years to an apothecary.

N.B.—Articles of apprenticeship, where such are in existence, will be required; but in case such articles shall have been lost, it is expected that the candidate shall bring forward VERY STRONG testimony to prove that that he has served such an apprenticeship as the act of Parliament directs.

He will also be required to produce CERTIFICATES of having attended *not less than*

Two courses of lectures on Chemistry;

Two courses of lectures on Materia Medica and Botany;

Two courses of lectures on Anatomy and Physiology;

Two courses of Anatomical Demonstrations;

Two courses of lectures on the Theory and Practice of Medicine; these last to be attended SUBSEQUENTLY to *one* course of lectures on Materia Medica, Chemistry, and Anatomy.

N.B.—No testimonial of attendance on lectures on the Principles and Practice of Medicine, delivered in London, or within seven miles thereof, will render a candidate *eligible* for examination, unless such lectures were given, and the testimonials signed, by a *Fellow*, *Candidate*, or *Licentiate*, of the Royal College of *Physicians*.

And a certificate of attendance for six months, at least, on the physicians' practice of some public hospital or infirmary, (containing not less than *sixty beds*,) or for nine months at a dispensary; such attendance to commence SUBSEQUENTLY to the *termination* of the *first* course of lectures on the Principles and Practice of Medicine.

N.B.—Physicians' pupils, who intend to present themselves for examination, must appear *personally* at the beadle's office, in this hall, and bring with them the tickets, authorising their attendance on such practice, as the *commencement* thereof will be dated from the time of such *personal appearance*.

The regulations relating to the ORDER of SUCCESSION, in which the *lectures* on the practice of medicine, and the *physicians' practice* of an hospital, or dispensary, are to be attended, are designed to apply to those students only who commenced their attendance on lectures, on or after the 1st of February, 1828; and all such persons are particularly requested to take notice, that unless they shall have STRICTLY COMPLIED with such *order of succession*, they will not be ADMITTED to an examination."

Such are the *published* regulations of the Worshipful Company of Apothecaries! And to complete the picture of deception and contradiction, they are signed by the ingenious author of the "unqualified refutation," the doughty JOHN WATSON, Secretary!

As many of our readers may be somewhat incredulous on this point, and may wish to see the extraordinary document from which the foregoing regulations have been taken, it shall be left at our Office in the Strand, until next week, when we shall resume the subject.

GUY'S HOSPITAL.

A SUBSCRIPTION was some time ago set on foot amongst the pupils of this hospital, for the purpose of presenting Mr. BRANSBY COOPER with some token to commemorate his *triumph* at the late trial. After great exertions on the part of the collector, nine shillings and fourpence halfpenny were obtained. With this sum the treasurer purchased a pewter urn, which was presented to the operator on Monday last, in the

theatre of this Institution. The following is said to be the inscription:—

THIS URN IS PRESENTED TO
B. B. COOPER, ESQ.
IN COMMEMORATION OF
HIS OPERATION OF LITHOTOMY,
PERFORMED ON THE BODY OF ONE
STEPHEN POLLARD,
WHOSE ASHES IT CONTAINS;
BY HIS AFFECTIONATE AND DISCERNING
PUPILS.

WESTMINSTER MEDICAL SOCIETY.

April 25, 1829.

[The last Meeting of the present Session.]

Dr. A. T. Thomson in the Chair.

EXPERIMENTS ON THE ACETATE OF LEAD AS A SEDATIVE MEDICINE—COLICA PICTONUM — EAST INDIA AND ENGLISH OPIUM—CHAIRMAN'S ADDRESS.

On the confirmation of the minutes,

Dr. Gordon Smith made some remarks on the reports of the last evening. An impression had gone forth on the subject of the disease for which the corrosive sublimate in Mr. Ward's cases had been employed, for which, as he had been in some measure connected with it, he said he should be sorry if there were any just grounds. This error he was desirous of correcting, and now explained that it was psora which had been mentioned, and not syphilis.*

Mr. Laidlaw then rose, and proceeded to read a paper on the internal exhibition of the acetate of lead, with a view of determining to what extent it might be safely exhibited in the cure of disease, especially in cases of hæmorrhage. Very opposite opinions, he observed, had been entertained as to the propriety of the internal administration of this medicine, some persons regarding it as dangerous in the highest degree, others considering it a justifiable and valuable remedy. There could be no doubt that its incautious use was injurious; and the investigations of Sir George Baker had put it beyond doubt, that the noted *colica pictonum* was the effect of the gradual introduction of this salt into the system. It was this, perhaps, which had created so much prejudice against it as a medicine, though it was no proof that its judicious use might not effect salutary results. Agreeing then with those who considered the acetate of lead as a valuable remedy when exhibited with care and caution, Mr. Laidlaw proceeded to examine in what the *judicious* use of it consisted. He considered, first, that *small* doses were neither safe nor judicious; their action was not sufficiently speedy. It was the gradual and insidious introduction that produced paralysis and convulsions, and more usually colica pictonum. In animals, the exhibition of small quantities produced no sensible effects. Orfila injected from one to three grains of the acetate of lead into the jugular veins of middle-sized dogs without injury; he gave them internally a drachm and a half in the solid form, and a whole ounce in solution. The only effect was one which, from the known effects of the salt, could not have been anticipated, that of vomiting. This result, perhaps, prevented the true effects from being developed; he looked, therefore, farther for evidence on the subject. He had often seen it administered at the Western Dispensary by Dr. Davies, in cases of uterine hæmorrhage, in doses of two grains, combined with opium, every third or fourth hour, to be continued until relief or injury resulted. He had himself administered it to the extent of forty grains in four days without deleterious symptoms; though, in these cases, if rest and quiet could have been obtained, half the quantity might have sufficed. But there were cases in which it must either be pushed beyond forty grains, or abandoned in despair. The question then became, is it justifiable to proceed farther, without a knowledge of what the ultimate consequences might be? Influenced by a strong desire to arrive at the truth, and hesitating to use it upon others, he determined upon trying an experiment upon himself, and prepared the following prescription: one drachm of acetate of lead, eight grains of opium, one drachm of extract of gentian, and a sufficient quantity of dilute acetic acid, to make into eighteen pills, of which three, containing ten grains, were to be taken daily, until the occurrence of restraining circumstances. He commenced Sept. 12, 1827. The health was then perfect. No deviation occurred until the 14th. The pulse became, then, somewhat slower; a metallic taste in the mouth; gripes, which were ultimately referrible to the transverse portion of the colon, insupportably intense

* The impression to which Dr. Smith alluded could not have arisen from the report in The Lancet, as it did not connect Dr. Smith's name with the disease in question. A reference to the report will show this, and that the disease itself was only conjecturally stated. The name was not distinctly heard, and the cases were given from memory.

The last two pills (seven grains) were taken on the 16th, within two hours of each other. No unpleasant effects from that circumstance. The pulse in bed 60, and indistinct; after exercise 64, but more distinct; metallic taste stronger; gums tender; bowels constipated. A larger dose was now tried, ten grains at once; immediately after, slight pain of the stomach and nausea; pulse 56, and weak; disturbing dreams; pulse in bed 50, and hardly perceptible; weakness at the knees; urine high-coloured and diminished; bowels not moved since commencing. Early on the 18th awoke with severe pain of stomach; vomiting hardly suppressed; three drachms of sulphate of magnesia in solution were taken; the pain instantly relieved. Slept again. At seven the pain had wholly left. To decompose the salt entirely, he took three drachms more of the sulphate; the pulse rose ten degrees; weakness gone; urine more free, dark, and sweet. In a few days he perfectly recovered. On the subject of this experiment, he had to observe that the sensations upon which he was induced to stop it, were not the characteristic effects of the salt, were not colica pictonum, but were unequivocally gastrodynia, the result of the excess of the last dose; not its specific effect, but its styptic quality. Its operation was much like that of sour fruit. The decomposition of the salt proved this. Colica pictonum required weeks sometimes to remove it, but the removal of the pain in this case was instantaneous. Not satisfied with the results, he ultimately resolved to make another experiment, but with more care to bring out the results. A like prescription, without opium, was made up, and commenced on the 10th of October. Similar effects up to the 12th, when the result of opening the bowels was tried. Rhubarb and jalap; action moderate, the symptoms diminished. 15th. Unpleasant tightness in the breast increased by exercise; metallic taste strong and bitter; gums tender; constriction of the throat; gripes; pulse 52; after exercise 85; urine high; constipation; much debility; no nausea. The pills being gone, a like quantity was made up again. (The speaker was here interrupted by Mr. North, who stated that he believed there was a law which limited the duration of papers, and of this he begged to remind the Chairman. The Chairman considered that a farther indulgence might be granted; and Mr. Laidlaw stated he was near the close of the experiment. The paper was then continued, but the whole of it was not read. Mr. Laidlaw, however, having concluded his views on the subject in the course of the debate which ensued, we subjoin an outline of the whole in connexion. The account of the experiment continued.) On the 17th, all the symptoms became so severe, that the experiment was stopped. 18th. Ptyalism ensued; numbness of the extremities increased by usage; the sulphate of magnesia dispelled all the symptoms, except the ptyalism, by the fifth day; the latter continued for weeks. Seventy-eight grains had now been taken in eight days, without indications of colica pictonum, which he (Mr. Laidlaw) consequently believed was not so frequently or readily produced by the acetate of lead, as was often supposed. The occurrence of gripes did not militate against this. They occurred on too small a quantity. The sensations produced were rather the result of irritation produced by the passing of the salt along the intestinal canal. The gripes were, so to speak, a local rather than a constitutional affection. Colica pictonum seemed to be produced by the general diffusion of the metal through the system.

The results most worthy of observation in these experiments were, he thought, first, the effect of the salt on the circulation; the pulse was exceedingly depressed. The same result was observed in four of the six cases of colica pictonum quoted by Orfila from Merat's Dissertation; and he was induced to think, that when death from that complaint resulted, it was owing to exhaustion, produced by the sedative qualities of the acetate. It was on a due knowledge of its powers in this respect, that a judicious use of it might render it of great value in hæmorrhages. For this reason rest and quiet were of importance, for gentle exercise would raise the pulse five and ten degrees; the salt then should accumulate in the system; the effect of aperients was to prevent it. The experiments proved, that they ought not to be employed till the malady is checked. As the depression of the circulation was gradual, he thought it was produced by absorption. With these remarks on the sedative effects of the salt, and on some experiments of Orfila by injection, Mr. Laidlaw observed upon its local effects; one of these was upon the lungs. He attributed this to its astringent qualities upon the substance of that organ, for a full inspiration and exercise increased the uneasiness. The post-mortem examinations by Orfila also, in some measure, corroborated this conclusion, as did the fact, that hæmorrhage of the lungs, stomach, and uterus could be successfully suppressed by the acetate. A third effect which he wished to notice was, the influence of the acetate on the salivary glands; the gums and saliva, especially in the second experiment, were much affected. His patients, however, had not been affected to the same extent; it was greatest in those who had taken most; yet, when the bowels were not confined, no ea-

livation could be produced. He had met with no other instances of similar ptyalism. In Merat's cases there was a bitter taste in the mouth, but these were not sufficiently explicit on this head to allow him to draw a positive conclusion. The same causes which retarded that symptom in mercury, possibly prevented it in these cases. Gradual exhibitions of the salt did not seem to produce salivation, but rapid and regular ones did.

The result of his experience on the qualities of this medicine led him finally to believe, that it was an invaluable remedy in all diseases requiring sedative remedies, in hæmorrhages of every kind, and in all cases of increased secretions, which required medical interference; with proper care in other respects, he could say, that it would prove to have the most powerful command over them. Some attention was necessary as to the form in which it was given, for there were certain diseases in which the practitioner would readily see that the solid form would be the most plausible; in others, that might be readily distinguished, the fluid form, in which also smaller quantities would be the most proper. As he did not, however, wish to intrude too long on the Society, he should leave the subject of the qualities of the salt in the hands of the members, and should be glad of their opinions upon it.

Dr. Gordon Smith said, he had been on the alert some little time, to discharge the debt of gratitude which he and the members owed to Mr. Laidlaw, for his valuable communication; and he believed that most important changes would ensue in the toxicology of poisons, upon experiments pursued with such distinguishing marks as these. When he considered the originality and the boldness with which they were pursued, he had to congratulate Mr. Laidlaw that he was now standing on his legs, and in a condition to answer a question which he wished to put to him. Did Mr. Laidlaw say, that when he found the effects of the medicine too powerful, he took sulphate of magnesia as a chemical antidote? If so, he must confess that it was a piece of news to him, that the sulphate of magnesia will act on any salt to decompose it. Perhaps from the paper having been cut short, he had lost the benefit of subsequent experiments, which would have made this matter clearer.

Dr. Webster mentioned a case in corroboration of the effects which Mr. Laidlaw had ascribed to the sulphate of magnesia. A man came to a public Dispensary with an ulcerated leg; two drachms of the acetate of lead were ordered in a quart of water, as a lotion, and two ounces of the sulphate of magnesia to be taken, half that night, the rest on the following day. The man left, and when too late, it was discovered that the directions were such, as would most probably lead him to swallow the whole. Some alarm was excited, but to their great astonishment, the man, a few days after, made his appearance. He was questioned closely; he had drunk acetate, sulphate, and quart of water, got cured of his ulcers, and declared that he never was better in his life. It had purged him well, and nothing more.

Mr. Laidlaw replied to Dr. Smith, that the most unequivocal decomposition had taken place. He supposed that every body was aware of this effect, and the sulphate and carbonate of soda would have the same effect. Orfila fully recognised this power in the sulphate of magnesia.

Dr. Smith said, he believed Orfila was a great authority, but that he was often led away by a vivacious imagination. He had his doubts upon this subject; he thought such an effect would not be produced upon the acetate in the body. The stomach was not a Wedgewood mortar, into which any chemical agents might be put with the same impunity within it as without. The vital principle of the stomach would affect the process.

The Chairman thought Dr. Smith was not borne out in supposing this, because, in most instances, the only antidotes to poison were those which would decompose them. The reason why the acetate of lead was not poisonous was, that it was insoluble in the bowels, and was not taken into the circulation.

Mr. Laidlaw wished to draw the attention of the members to the effect of the acetate of lead on the salivary glands, with a view to the question, whether its action, that of mercury, and, as reported, that of arsenic, in producing ptyalism, did not lead to the conclusion, that all metals, taken to a certain extent, would produce the same effect. He had known a peculiar taste and a tenderness of the gums follow the taking four drachms of carbonate of iron; he thought he had also noticed these effects after the use of the nitrate of silver as a wash for ulcers. In speaking of the metals, he meant their combinations as oxides, &c.

Dr. Johnstone thought, that greater apprehension existed as to the effects of the acetate of lead, than was necessary. Dr. Latham said it might be eaten like lump sugar, and had mentioned a case of 70 grains being taken in seven days. He had seen himself 10 grains a-day given for four or five days, in hæmorrhage. Constipation of the bowels was the only bad effect. It might be given largely with opium, with great safety.

A long conversation ensued on the mode in which colica pictonum is produced. The last speaker believed the lead of the paint

arose by evaporation of the turpentine, or other liquid, and was absorbed. The Chairman said, he knew of many instances of that complaint, where no turpentine had been present. The Devonshire colic, he observed, was colica pictonum, but it did not arise from similar causes. Further observations were made by other members till near the close of the evening, when the Chairman craved leave, on the part of Dr. Webster, to exhibit a specimen of East India opium.

Dr. Webster stated, it had been sent to him by Dr. Adam, the Secretary to the Medical and Physical Society of Calcutta, as a specimen of very pure opium, packed in a small box between plates of mica. It was considered as superior to any Turkey opium. His own experience of it was, that it was equal to the best. He was sorry to say, Dr. Adam had not sent him the price at which it could be sold, as it was a great object, if it could be obtained from our colony, we should have it thence, rather, as Dr. Smith observed, than that we should go to the rascally Turks. The manufacture of English opium was adverted to, which, it was stated, yielded more morphium than the Turkey, but required a very great expense to produce it.

At the close of the discussion, the Chairman begged the attention of the members for a short time, and addressed them in the following words:—

As this is the last evening of the session, I will take the opportunity, before we separate, of addressing a few words to you on the great utility of this Society, and I wish it was in my power to express to their full extent the feelings with which I regard it. It is impossible for any person to attend these Meetings, and witness the freedom of discussion which distinguishes them, without being aware of its great importance, and of the advantages its existence presents to the profession. I reflect on this with the greater pleasure from the fact of this having been the first Medical Society in the metropolis, which permitted free communication during its Meetings amongst its Members. Most of the Societies in London were founded on the model of the Royal Society, in which papers were read, but no discussions permitted upon them. It was the Westminster Medical Society which set a better example, and there is now scarcely a society in London, in which free discussion is not allowed. There is another thing connected with this Society, to which it gives me sincere pleasure to be able to allude, that of its having first conceived the bill,* now, however, withdrawn for a short time, which has been brought before Parliament for the regulation of anatomical dissections. It was here the first impulse was given to that bill, and, I may not only say this, but I may add, that it is owing to this Society that it has been carried forward to the point at which it now rests; the public, I think, is much indebted to it for what has been done. As to the proceedings of the Society during the session, I have one thing to say, feeling my own delinquencies at the same time most fully; I have to regret extremely, that so much disappointment has been occasioned in the reading of papers to the Society, (*Hear, hear;*) and I do think I am bound to say, though I am one of their number, that the Committee have not done their duty during the present session. Nothing can be more distressing to the Chairman, than to preside over that which has more the appearance of being a Quaker's meeting, than of the meeting of a learned and scientific body. I do not think it is creditable to the Members to draw gentlemen here as visitors, with a view to their obtaining information upon medical subjects, information which they know from the character of the Society, they can obtain if the Members choose, and then to suffer them to go away disappointed, as they repeatedly have done. I am very sorry to be compelled to make remarks, but it is due to truth that I should do so, and it is an objection which I cannot help making, to the internal regulation of the Society. I have no doubt, however, impressed as I am sure we all are, with the great importance of the Society, that we shall meet on the next session, determined to do justice to its objects. For myself, I beg to offer you my sincere thanks for the kindness which has invariably been extended to me in my duties, and the way my deficiencies in presiding have been met. If at any time I have stated my opinions in too strong a manner, or have expressed myself warmly and irritably, I hope it will be regarded with indulgence, and altogether be forgotten. When we assemble again, nothing shall prevent me from endeavouring to do my duty to the Society, and I pray to God I may be able to perform it, for I am sure that our exertions are likely to be followed by the greatest possible benefit.

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* We advise Dr. A. T. Thomson to look back into the pages of The Lancet. The Westminster Society, indeed, the cause of the Parliamentary proceedings on the question of Anatomy! Why, the Society itself owes its existence to the notice it has received in the pages of this Journal. Take this *fact*, Mr. Professor, it is in our power to prove, that previously to the *publication* of the reports of the discussions, the meetings frequently did not consist of *six persons!* Away, then, with the humbug cant and lies about hostility to the practice of reporting.—Ed. L.

LONDON MEDICAL SOCIETY.

April 27, 1829.

Mr. Callaway, *President*, in the Chair.

VITALITY OF THE BLOOD — SEMI-LUNAR VALVES OF THE AORTA DISEASED IN AN UNUSUAL MANNER.

The question of the vitality of the blood was this evening disposed of.

Mr. Briant introduced the subject, with a review of some of the remarks which had been made on the last evening, and expressed his opinion that the argument of Mr. B. Cooper, that the coagulation of the blood when abstracted was a proof of its vitality, was exceedingly just. The opinions of Hunter also confirmed his views. He considered the fact, that the blood of the higher order of animals possessed more fibrin than that of the lower, spoke volumes in support of its vitality. To him the various phenomena of the blood were inexplicable on any other grounds. No chemical law would explain the contractile power of fibrin. He was anxious that Dr. Whiting should express himself farther on the subject.

Dr. Uwins was of opinion, that the very admission of the argument involved an absurdity; he objected, *in limine*, to the discussion of it; it was a most illogical and absurd one. When Hunter entered upon it, he talked poetry rather than philosophy. The very language which Hunter used in his chief argument, the coagulation, proved to his (Dr. Uwins') mind that he was justified in this opinion. The blood, said Hunter, coagulated "by a stimulus of necessity." Here was an admission of the very objection he had to propose. But reasoning of this kind was the substitution of a sort of poetical abstraction, in place of the language and precision of science. It had been argued, that the evidence of the life of the blood was in the fibrin. This involved a question as ridiculous as that of the actual seat of the soul; and it was as reasonable to point out the pineal gland as the place of the one, as of the fibrin being the place of the other. Then the circulation of the blood was adduced as another proof. Why not adduce the passage of the urine through the ureters as evidence of vitality in the urine, and treat all the secretions in the same manner. In short, the whole argument was absurd. It was dealing with ideal existences, not things and substances; we were guilty of logomachy in discussing it, and to say the very best of it, it was a mere question of words.

Dr. Williams wished to know where gentlemen would allow the vitality of the blood to commence. He supposed they did not know that Hunter contended that the chyle itself possessed the elements of vitality.

Mr. Briant did not see why the life should not commence as soon as the fluid had undergone the action of the gastric liquor.

Dr. Whiting. No science demanded a reliance upon facts, and an avoidance of conjecture, more imperatively than medicine; but there were instances in which the mind of John Hunter, great as were its powers, had failed in grasping this truth, and this was one of them. He had here flown from his true basis, and built castles in the air. If there were life in the blood, his experiments had not proved it. Nor had he heard a single proof adduced by the gentlemen who had addressed the chair. One argument had been, that during the disease the blood changed, and its vitality lessened. Why all the secretions of the body would change in disease. He took this fact, if it proved any thing, as evidence that the blood did not possess life. Mark how absurd was the doctrine: the vitality was in the fibrin, yet there were many diseases in which the fibrin was nine times greater than it was in health. These diseases were not diseases accompanied by enormous vigour. The contrary was, in most of them, the fact; and the increase of fibrin was intimately associated with the increase of debility. What would be said to the facts in purpura hæmorrhagica. Here was the extreme of exhaustion, loss of muscular power, and anasarca; yet the fibrin was intense. A patient labouring under inflammation might be bled to syncope, and there would be more fibrin than in health. He had bled two healthy persons, one a strong man, the other weaker. The weaker had the most fibrin. But after all, the circulation of fibrin had not yet been proved, and, for his own part, he believed it to be a mere conjecture; it was intimately mixed, and one fluid with the serum. How came it, also, that the separation of the fibrin would as readily occur seven days after abstraction, as immediately. Was it to be argued that the life existed a week? Altogether, the phenomena of the fibrin were of the most variable kind; so much so, that he had long made up his mind that the appearance of the buff of blood ought never to be any guide to the medical man, in the treatment of inflammatory disease.

Dr. Ramadge thought no argument could be founded on the vitality of one particular portion of the blood, but that the vitality must be ascribed to the whole of it. The blood was not the only coagulable fluid in the body. In a case of hydrothorax, he had

abstracted a fluid from the chest, which coagulated within ten minutes. He agreed that buffiness of blood ought to be no guide. The non-vitality of the blood, however, was, he thought, a dangerous doctrine.

Mr. GREVILLE JONES thought, that the premises in this question had not been well laid down. The distinct meaning of the vitality of the blood ought to have been first settled. It was useless to refer to what Hunter had said upon the subject, for he had not defined what he meant by vitality himself. By vitality he (Mr. Jones) understood, that principle which neither the laws of mechanics nor chemistry would explain. What parts of the body were there, then, the phenomena of which were inexplicable by these laws? There were three—the contractile power of the muscles, the directive and sensitive powers of the nerves, and the power of the vessels to imbibe fluids and change them into dissimilar substances. With either of these the blood did not class, and he did not, therefore, consider it to be vital; there was nothing like organisation in it; vessels could pass through, but they never arose out of it. As to the changes which took place in the blood after its abstraction, the arguments which were founded on them must fall to the ground, for they were of too delicate a nature to be properly investigated. The whole question was grounded upon assumptions. That which could not be proved, ought not to be assumed.

Mr. BRANSBY COOPER now explained, that he was in reality of the same opinion with Dr. Whiting, and those who argued on the same side with him. Not that he was a convert to their views; before entering on the discussion on the last evening, his opinions were decisive on the subject. He had merely argued, not with a view to idle disputation, but, by opposing the views of Dr. Whiting, to give that gentleman a basis for his arguments. After this explanation, he (Mr. Cooper) expressed himself most strongly against the vitality of the blood, and concluded by saying, that it was the opinion which every thinking man must come to at last.

Dr. RAMADGE exhibited a specimen of diseased heart presenting appearances which he believed had not hitherto been observed. The patient from whom it had been taken, was 50 years of age, and had come under his care about three months before his death, complaining of cough, difficulty of breathing, palpitations of the heart, and inability to lie long on either side. He applied his ear and hand to the chest, and recognised the *bruit de soufflet*, or bellows sound, described by Laennec, by the strong impulse of the left ventricle, and by the heart's action being audible over the whole chest. These signs indicated an obstruction in the passage of blood into the aorta, an increase in the parietes of the left ventricle, and an enlarged state of the heart. The symptoms first came on about seven months since. By his (Dr. Ramadge's) directions, he was bled four times, and had six leeches applied to the region of the heart several times. These afforded great relief, as he could not lie down before they were put on. He showed the patient to his pupils, of whom fifty or sixty saw him, and a fortnight previous to his death, which happened a week ago, he explained to them that it was a case in which there existed a contraction of the aortic opening, produced by diseased semilunar valves, hypertrophy of the left ventricles, with dilatation of this chamber and other parts of the heart. Of this he was well aware from the time he first saw the man, and dissection proved the correctness of the diagnosis. Two of the semilunar valves were formed into one, by the neighbouring horns, or extremities, of two valves, where they united to be attached to the lining membranes of the aorta, being much elongated. The elongated part was filled with much bony substance, which made the large valve thus found, constantly project into the area of the root of the aorta, thus causing a permanent obstacle to the free passage of blood, from the left side of the heart.

Mr. B. COOPER said he did not think the two valves could have performed the office of one.

Dr. RAMADGE stated that he had three specimens of two valves being thrown into one, which ultimately led to the death of the individuals. In the present case, though there were great dilatation and thickening of the left auricle, the double action of the heart was inaudible, as the bound of the muscles was marked by the *bruit de soufflet*.

The PRESIDENT wished to know whether the pulse differed much from that in ossification of the heart?

Dr. RAMADGE said it was strong and full, and about 70.

MR. WALLER'S OBSTETRIC PRIZE.

THE examination for Mr. Waller's Obstetric Prize, consisting of a handsome set of transfusion instruments, contained in a mahogany case, bearing a suitable inscription, took place in the Medical Theatre, Aldersgate Street, April 23d. The Lecturer was the Examiner, and Dr. Roberts, and Messrs. Doubleday and Watson attended for the purpose of assisting in the decision. After a rigid examination into the principal practical parts connected with the obstetric art, the prize was awarded to Mr. Henry Alford.

ANNIVERSARY DINNER OF THE VETERINARY SURGEONS.

On Wednesday, April 22, the first Anniversary Dinner of the Veterinary Surgeons was celebrated at the Freemasons' Tavern. The Meeting was numerous and highly respectable. Professor Coleman was unanimously called to the Chair. It was expected, that on this occasion some measures would be proposed with the view of liberating the practitioners of the veterinary art from the thraldom under which they feel they have long been labouring, and the indignity they have been suffering from their College. The cause of complaint was, that the veterinary surgeon is not allowed to be a subscriber to the College; that he is not allowed to form part of the Examining Committee, (that body being composed of *medical* men;) and that the student is permitted to pass his examination at too early an age, and after having been too short a period engaged in the study of the science.

After the cloth was withdrawn, and several loyal toasts drunk, the Professor, in a neat and conciliatory speech, suggested the propriety of the body of practitioners petitioning the Medical Committee, and also the governors of the College, to allow a certain number of veterinary surgeons either to be introduced into the Examining Committee, or to form a separate Committee of themselves: the latter he particularly recommended, as he thought it highly probable, from what had already taken place, that the existing Committee would recommend the governors to consent to it. Lest, however, the discussions that might arise upon this subject, should in any way break in upon the conviviality of the evening, he thought it would be advisable to postpone further observations upon it, until some future occasion. It was then agreed, that on the Monday following, at seven o'clock, P.M., a general meeting of the practitioners should take place at the same house, to take the affair fully into consideration.

Accordingly, on Monday, April 26, the General Meeting took place, Professor Coleman in the Chair. The Meeting was numerous, and, after many observations, occupying no less than five hours, the Meeting came to the following resolutions:—

That some alteration in the College administration is necessary.

That it is more expedient to have a separate Examining Committee, consisting of six veterinary surgeons, exclusive of the Professor and Assistant Professor, than that three veterinary surgeons should be admitted to form part of the Examining Medical Committee.

That a memorial be presented to the Examining Medical Committee, requesting them to use their influence with the Governors, to permit the formation of such separate Committee.

That a memorial be presented to the Governors, entreating them to sanction the formation of such separate Committee.

That the members of such separate Committee be practitioners in London and its environs, and that they be chosen by the body of veterinary surgeons in England.

That a Committee, consisting of nine of the members present, be elected by ballot, to draw up the memorials, and manage the further proceedings.

And that the thanks of the Meeting be given to Professor Coleman, for his able conduct in the Chair, and that the Meeting be dissolved.

HOTEL-DIEU DE PARIS.

EXTIRPATION OF A MELANOTIC TUMOUR BEHIND THE ANGLE OF THE LOWER JAW.—M. DUPUYTREN'S REMARKS.

C. B., a married woman, 24 years of age, was, at the beginning of February, admitted into the Hospital. Having previously been in the constant enjoyment of good health, she had, sixteen months before her admission, observed a small indolent tumour behind the angle of the right lower jaw, which caused no pain, and increased so very slowly that, in the middle of September, it had not become larger than a filbert; from this period, however, it grew more rapidly, and was accompanied by violent lancinating pain over the right side of the head and face, so that the patient finding, at last, her general health to suffer from the local affection, applied for surgical aid at the Hospital. The tumour was of the size of a large fist, and of an uneven surface; posteriorly, it pressed on the sterno-cleido mastoid muscle; anteriorly, it extended to the larynx; upwards it was covered by the angle of the lower jaw; it seemed not to be very deep-seated, and did not project into the cavity of the mouth; the skin was perfectly healthy, and moveable over the tumour, the upper part of which was moveable, and exhibited an obscure fluctuation.

M. Dupuytren considered the disease to be of scrofulous origin, and extirpation as the only means of arresting its further progress; the success of the operation, he observed, was, however, very doubtful, and depended entirely upon the roots of the tumour being more or less deep-seated, which it was impossible to determine before-hand. The patient was for some days submitted to a preparatory treatment, and

had an issue made on the right arm. The operation was performed on the 6th of February, in the following manner: a semi-elliptical incision, with its concavity directed posteriorly, was made on the anterior portion of the tumour, and the skin dissected over it; the tumour was then detached from the surrounding parts, much more easily than M. Dupuytren had expected, the tumour being attached by cellular tissue only. Very little blood was lost during the operation, and no ligature was required. According to M. Dupuytren's method, the wound was not dressed till two hours after the operation; when a simple agglutinous bandage was placed over it.

The tumour was of the size of a turkey's egg, of uneven, tuberculated appearance, and very dark-coloured; on cutting into it, it did not offer much resistance; the tissue was very firm and elastic, and bore a striking similarity to the structure of a truffle; on pressing it a blackish liquid oozed out, the colour of which was not destroyed by chlorine.

After the operation, no unfavourable symptom ensued; cicatrisation very speedily began, and was nearly completed on the 28th of February.

The difficulties which are met with, in the various morbid growths behind the angle of the lower jaw, are, according to M. Dupuytren, so very considerable, that this operation ought never to be performed, without very clear conviction, on the part of the surgeon, as to its necessity. The neighbourhood of the carotids, and the danger of wounding them or their immediate branches, will, in cases of deep-seated tumour, be best avoided by the previous ligature of the trunks; the lesion of large veins, and the introduction of atmospheric air into them, is still more dangerous, and not unfrequently occasions sudden death, as M. Dupuytren has himself once witnessed. The division of the pneumo-gastric nerve, and the subsequent inflammation of the surrounding parts, and not unfrequently of the brain and its membranes, and the impossibility of completely extirpating the deep-seated roots of the morbid growth, often render the operation perilous or its success imperfect. The nature of the tumour is of much greater importance, as to the result of the operation, than its size; and M. Dupuytren said, that he had extirpated a great many tumours of such considerable size as to displace even the more deep-seated parts, the tonsils, pharynx, and tongue; in some cases, all the soft parts were pushed towards the sides of the tumour, which lay only between the skin and the mucous lining of the mouth, and yet the operation had been followed by complete success. As to the more or less deep-seated roots of the tumour, M. Dupuytren cautions the practitioner against considering the degree of mobility, as sufficient to determine this point; and, consequently, the danger of the operation. In cases of carcinomatous or melanotic tumours, the operation, according to M. Dupuytren's numerous observations, is generally unsuccessful, on account of the reappearance of the morbid growth, within a very short time; and he confesses that if, in the above case, he had had reason to suspect the nature of the disease, he would have given up all idea of an operation.—*Revue Médicale.*

MALFORMATION OF THE RIGHT LEG—AMPUTATION, FOLLOWED BY DEATH.

A young healthy man, of twenty years, applied to the Hôtel-Dieu, on account of his right leg being malformed in the following manner:—the tibia and fibula were, at their lower portion, bent inwards, so that the foot was directed interiorly, and the sole turned upwards; the parts in question were much smaller than those of the opposite side, atrophic, and without any muscular power; the different length of both limbs rendered walking, even with crutches, exceedingly difficult, and the patient earnestly wished to have the right leg amputated. He had enjoyed good health up to his eighteenth year, when he was affected with pneumonia, subsequently to which he had occasionally suffered from hæmoptysis. At the time of his admission, he appeared to be perfectly well.

It was only in consequence of the most eager solicitations on the part of the patient, and not before he had been made fully acquainted with the danger of such an operation, that M. Dupuytren at last undertook to perform it. The patient bore it with great courage; the bleeding was very slight, and only two arteries were tied. For some days after the operation, the patient went on very favourably; he complained of violent pain in the wound, but was instantly relieved by loosening the bandage; the fever was slight, his spirits very good, &c. On the 23d of January, (seven days after the operation,) the dressing being removed for the first time, the wound was found almost completely united; its internal angle only produced a small quantity of healthy pus; the stump and the knee were slightly swelled; the general state of the patient was satisfactory. On the 25th, he complained of violent pain in the stump, which, as well as the knee, were much swollen and red; and he was several times seized with shivering. An emollient poultice was applied over the knee. On the 26th, the redness and swelling of the knee having augmented, a blister, and on the 27th, the erysipelatous inflammation having still increased, fifteen leeches, were applied to the knee; the patient had

frequent attacks of shivering, and his respiration became in some degree laborious. He was bled to sixteen ounces, by which the swelling of the knee, and the affection of the chest, were considerably lessened; percussion on the chest, gave a dull sound; the wound still suppurated, and secreted a greyish, unhealthy-looking pus. On the 30th, the patient was evidently sinking; his countenance was icteric, the eyes collapsed, &c., and he died on the morning of the 1st of February. On examination, the left side of the chest was found to contain about six ounces of a sero-purulent fluid; the right lung was partially hepatised, and exhibited a few ulcerous cavities; the abdominal viscera were healthy, with exception of the ileo-colic valve, which was slightly inflamed. The articulation of the right knee was of a yellow colour, but without any traces of inflammation; the tibial artery was filled by a very firm coagulum.

M. Dupuytren remarked, that in those cases of amputation, where the operation is not absolutely necessary, ("*operation de complaisance*,") the prognostic is very unfavourable, and he had, in the above case, actually deviated from his constant rule, which was, never to operate under similar circumstances. In a case where Labatier performed amputation exactly under the same circumstances, the same fatal termination took place. At the time when M. Pelletan was first surgeon to the Hôtel-Dieu, an old man was admitted, who had for a great length of time been subject to chronic ulcers of the leg, which, although but superficial, caused to the patient such inconvenience as to induce him to request M. Pelletan to perform amputation. This eminent surgeon was for a long time unwilling to comply with the patient's request, but at last yielded to his solicitations. The operation was performed with great skill, and a favourable result of the case was already anticipated, when the patient was seized with inflammation of the abdominal viscera, and sunk under it. A few moments before his death, he collected all his strength, and very forcibly reproached M. Pelletan for the weakness he had shown in yielding to his foolish entreaties.—*Ibid.*

HOTEL-DIEU D'ANGERS.

EMPHYSEMA OF THE EYELIDS.

Marie Tauvri, ætat. 26, of small stature, but very vigorous constitution, received a violent blow on the internal angle of the left orbit, which rendered her insensible for a few minutes. A slight bleeding from the nose occurred, when, after recovering her senses, she made an effort at blowing it, a considerable emphysematous swelling of the left upper and under eyelid ensued; by repeated attempts to blow the nose the swelling increased, so that at last it was impossible to lift up the upper eyelid. When the patient was admitted into the Hospital, the epistaxis had ceased, but the emphysematous swelling had spread from the eyelids over the forehead, the upper part of the nose, and the cheek; the skin was tense, bright, elastic, and slight pressure produced distinct crepitation; the edges of the eyelids were so prominent as to render every examination of the eye impossible. The colour of the skin was not changed, the pain was very slight, and the general health of the patient scarcely disturbed. Whenever she blew her nose, the swelling of the face increased with violent pain. Under the use of cold fomentations the emphysema gradually subsided, and the patient was perfectly cured within a fortnight, without using any further remedy. The communication between the cavity of the nose and the subcutaneous cellular tissue of the left side of the face seemed, however, to subsist for some time, and on any attempt to blow the nose, the emphysema returned, though but slightly.—*Archives Générales.*

ST. THOMAS'S HOSPITAL.

INTERESTING CASE OF INJURY TO THE HIP,

Sent to the Hospital as an Unreduced Dislocation upon the Dorsum of the Ilium.

—Murphy, admitted into Isaac's Ward, No. 26, on the 16th of April. The account sent of him by the medical gentleman who had attended him in the country was, that, on the 6th of March last, a tree fell on him across the loins, whilst stooping in the act of making his escape. A surgeon was immediately sent for; he then complained of pain in the right hip, and of deadness in the limb, &c. A dislocation of the head of the femur into the ischiatic notch was readily detected, and reduced by the aid of pulleys in seven minutes. The relative length of the legs was not then observed, on account of contraction of the left, from inflammation, at the knee-joint. But about three weeks since, when the patient was directed to leave his bed, it was first remarked that he was unable to move the left leg; and, upon examination, it appeared that there existed a dislocation upon the dorsum of the ilium on this side. The pulleys were therefore applied, and extension obliquely across the other thigh kept up for nearly an hour, during which time about six grains of tartarised antimony were administered, when a

snap, as if of the head of the bone returned into its socket, was distinctly audible to all present, and the patient exclaimed that the bone was in; but when extension was abandoned, the limb returned to its former position. This was repeated *two* or *three* times, but always with the same result. The snap, however, was not so evident after the first time. When the limb was at its full extent, it was of the same length as the other; and an indistinct crepitus could be heard, when rotated in that position. Not thinking it proper, therefore, to persevere in the use of the pulley, the medical gentleman wrote a history of the case to Sir Astley Cooper, requesting his advice. Sir Astley was of opinion, that it was an unreduced dislocation upon the dorsum ilii; and, by his recommendation, the patient was bled, put into the warm bath, and the pulleys again had recourse to about a fortnight since, in conjunction with the tartarised antimony, but with no better success. Muscular resistance seemed perfectly overcome in every instance, but the limb always resumed its former position, as soon as the pulleys were loosened.

18. Mr. Travers being prevented attending the hospital, on account of ill health, the patient was seen this day by Mr. Green. The limb, at first sight, appears to be very much shorter than the other; and, on measuring from the anterior superior spinous process of the ilium to the base of the patella, the difference is found to be nearly an inch and a half. A hard rounded substance can be felt on the dorsum of the ilium, the greatest convexity of which seems to be rather above the situation of the ischiatic notch; but whether or not this is the head of thigh-bone cannot be ascertained with certainty, on account of the swelling, &c. of the parts, and it seems to move very little, if at all, when the limb is rotated. The trochanter major is found about half an inch further from the superior anterior spinous process on the left than on the right side. The knee and foot are turned a *little inwards*, but he can, without assistance, turn them in a small degree outwards; and when standing on the other leg, move the limb slightly backwards, forwards, and to either side, but this is done by a swinging motion of the whole body. A crepitus can be distinctly heard and felt, by making pressure on the trochanter major; but whether from fracture, or congulated lymph, cannot be ascertained.

Ordered to be cupped on the nates to twelve ounces, and afterwards a poultice applied to promote absorption.

22. Has continued much the same, experiences but trifling pain, but suffers a little at night. Bowels kept open with house-medicine. Mr. Green saw him to-day, and ordered twelve leeches to the hip.

CONCUSSION OF THE BRAIN.

John Griffiths, ætat. 18, a sailor, admitted Dec. 11th, 1828, under the care of Mr. Travers, labouring under symptoms of concussion of the brain. He lies in a drowsy state, but when roused answers questions intelligibly, and then complains of pain in the head, more particularly at the right side, where there is a contused wound, about an inch in extent, and the scalp is puffy at that part. Pulse 53, irregular, full, and labouring; bowels freely opened; pupils dilated, but act slightly on the admission of light; there is great heat over every part of the head; breathing natural; extremities rather cold. The accounts given of the accident were, that the day previous, whilst doing his work on board ship, he was struck down by the boom, and remained perfectly insensible for a considerable time. He was conveyed on shore, and Mr. Briant, a surgeon, who lives in the neighbourhood, attended and bled him to sixteen ounces; he was then much in the same state as when brought into the Hospital. The dresser for the week ordered the head to be shaved and kept cold with the spirit wash. To be bled to twenty ounces, and twenty-four leeches applied to the head, after which the pulse rose to 57, softer. House medicine.

12. Has continued drowsy the whole night; breathing natural. Pulse 54, full, labouring, and irregular; head hot; skin natural. Venesection to sixteen ounces. Continue spirit wash. House medicine to be repeated every fourth hour, until it act on the bowels. After bleeding, the pulse rose to 64, more soft, but still irregular and laborious.

Evening. Pulse 60, irregular; no motion; will not swallow his medicine. An injection of warm water to be thrown up immediately.

13. Appears rather better; no motion. Pupils in the same state as at first; complains of pain in head; makes water freely, but in bed. Fifteen grains of calomel, with scammony, immediately.

14. Passed a good night; bowels opened once very freely; still drowsy, but answers questions better; head rather hot; tongue whitish; pulse 56, soft, irregular. Complains of pain in head and left side, but no bruise perceptible there; pupils act sluggishly.

15. Has been restless during the night, but seems quieter this morning; great heat of head and skin generally. Pulse 58, compressible; tongue white; had no motion; answers questions readily. Twenty leeches to be applied to the head.

Scammony with calomel, one scruple, immediately.

Sulphate of Soda, half an ounce;
Infusion of senna;
Decoction of barley; of each half a pint, to be administered in the evening as an enema, if required.

16. Passed a quiet night; still drowsy; bowels freely acted on, the sister, therefore, did not give the enema. Pulse 64, compressible.

17. Answers questions relative to his pain readily, but his powers of memory seem much impaired. No motion; tongue white; pulse, 58, soft, compressible, regular; head and skin cool; pupils still dilated.

18. Has passed a good night; one free evacuation from the bowels; seems more collected, and recollects the circumstances of the accident. Pulse 69, soft, regular; tongue white; skin rather hot; complains of pain in the back part of head and left side. Ordered twenty leeches to the occiput; a blister to the nape of the neck.

Submuriate of mercury, one grain;
Comp. colocynth pill, five grains every night.
Castor oil, or *house medicine*, when required.

19. Slept well; complains of pain in the head, but expresses himself better. Pulse 72, soft, compressible; skin cool; tongue white; bowels opened once; irritable when roused; eats his bread and milk heartily.

20. Bowels open; pulse 76, soft; tongue whitish.

21. Much the same. Pulse 90, soft; head cool.

22. Slept well; bowels open; pulse 124, soft; pupils act better; goes to the vessel when his bowels are moved.

23. Continues to improve. Pulse 100, soft. Complains of soreness where the blister was applied, but says his head is quite easy.

27. Much better; no pain in head; bowels open; tongue clean; pulse 90, soft; regular.

30. Nearly convalescent; is sitting up in the ward, and left the Hospital two days after at his own request, with the captain of his vessel.

ST. BARTHOLOMEW'S HOSPITAL.

ENLARGED BURSA OF THE KNEE-JOINT.

John Sullivan, æt. 50, a stout, yellow-haired, fair-complexioned Irishman, was admitted into Henry the Eighth's Ward, under the care of Mr. Lawrence, on the 7th of August. Has a large superficial tumour in the right knee, the size of the head of a six months' fœtus, extending directly over the patella, and evidently filled with fluid. It has been of considerable duration. Is not sensible of having received any injury that could have occasioned it.

Sept. 13. The usual means have been adopted with the view of occasioning absorption, but without effect. Mr. Lawrence having now considered that the only mode of getting rid of the tumour was by extirpation, the patient was removed to the operating theatre. Mr. Lawrence made a lateral incision through the skin, on each side of the patella, as near to the base of the tumour as the operator thought would admit of their lips being brought together, after the tumour was removed. Dissecting them back, he without difficulty removed the bag. The edges of the integuments were then brought together by adhesive plaster, and the patient sent to bed. When the tumour was cut into, it was found to contain about a pint of thin bloody fluid. The bag was of a sort of half leathery and half cartilaginous substance considerably thickened, and very elastic.

15. Inflammation and swelling to a considerable degree have affected the knee. The patient complains of much thirst, and pain. Pulse quick, countenance anxious. Apply a bread and water poultice, and let the saline mixture, with tartarised antimony, be given three times a day.

Oct. 1. The inflammation has abated, and the wound presents, at some parts, a pretty healthy appearance; but, at others, an unwillingness to unite.

The patient remained in the hospital for more than a month after this period, considerable difficulty having been experienced in obtaining the union of the parts, owing, in all probability, to the unfavourable condition of the patient's constitution.

COMPOUND DISLOCATION OF THE CARPAL EXTREMITIES OF THE ULNA AND RADIUS.

Abraham Draper, ætat. 29, of short make and sallow appearance, was admitted on the 27th of September, at eight o'clock A.M., into No. 7, Harley's Ward. Had been assisting to remove a chest of indigo from one of the East India Company's vans, when the chest slipped, and his right arm and hand getting between it and a part of the van, they were crushed, and a compound dislocation outwards of the ulna and radius at their carpal extremities produced. Was immediately brought to the hospital. The wound has been slightly enlarged, and the bones reduced to their natural situation without difficulty. The arm and hand have been bound down upon a splint, and the patient put to bed. The whole limb to be kept covered with wet cloths. The swelling and inflammation having in the early part of the day continued to increase, the cloths have

been ordered to be dipped into ice water. Twenty ounces of blood to be taken from the arm, a dose of calomel and jalap immediately, and the effervescing draught three times a day.

Oct. 4th. Since the accident, the arm has swelled very considerably at night, but the intumescence gone down in the morning. Two days ago, the ice water was dispensed with, and the cloths ordered to be dipped into common cold water. The pulse is regular, the patient does not complain of much pain; on the whole he is doing very well. Ordered the compound senna mixture, to regulate his bowels.

In about a month, the patient left the hospital cured.

GUY'S HOSPITAL.

AMPUTATION.

On Tuesday, April 20th, the operation for removing the leg below the knee, was performed by Mr. Morgan, on a middle-aged man of rather unhealthy appearance, by the circular incision. The limb was removed in three minutes, and four vessels were secured; but a great deal of time was delayed, on account of the retraction of the fibular artery out of the reach of the tenaculum and forceps. A portion of fat, which was situated between the extremities of the bones, and seemed to impede the steps of the operation, having been removed with a scalpel, the artery was soon after secured, and the limb being bound up in the usual manner, the patient was removed to bed.

ESTHER HIBNER.

The brain of Esther Hibner, who was executed for the murder of her apprentice, has been examined by Dr. Bright, the body having been sent to Guy's Hospital for dissection. On raising the calvarium, there was found considerable congestion of the vessels of the dura mater, and bloody serum oozing from some of the torn vessels of the bone itself. The vessels of the pia mater not remarkably turgid, but a slight serous effusion in the membrane between the convolutions of the brain. On examining the substance of the brain, there was observed a general ash-coloured appearance, with numerous bloody points. The lateral ventricles contained somewhat more fluid than natural, and the plexus choroides exceedingly distended with blood. The vessels running over the corpora striata, very turgid; not the slightest trace of coagulum in the longitudinal sinuses, but filled with fluid blood, as were the lateral and other sinuses; nothing particular was observed at the base, the arteries, however, were quite empty, and the veins not particularly full. The veins of the right upper extremity, and side of the neck, were exceedingly distended with blood.

ABUSES AT ST. THOMAS'S.

To the Editor of THE LANCET.

SIR,—Having been a subscriber to THE LANCET from its commencement, solely in consequence (not being in the profession) of your manly spirit with regard to the management of our public hospitals, and the interest of the helpless, I take the liberty to address you on the subject of some evils, with which, I think, you may be made acquainted, by putting the following interrogatories to the afflicted women in Mary's Ward, St. Thomas's. I am certain the physicians and surgeons are little aware by what means their efforts are defeated, so often as they are.

Ask them, how many weeks is it since Mr. Travers was there?

How many patients have quitted the ward, after remaining a week without advice, and how many have left it on account of the violence of the sister?

Whether they were not all deprived of their tea a few days since, through the caprice of the sister?

Whether it is not a common thing for the patients, who are desired to protect themselves against cold, to be sent to chapel in the rain; those, particularly, who are using mercury?

Whether they have not recently been ordered to bed at 8 o'clock, and awoke at 11, to take their medicine, &c.?

Whether they were not turned out of bed at 9 o'clock on Monday last, to remove and shake their beds; and whether they did not (such as could) sleep with all the windows and the door open, by the express orders of the sister?

How many are suffering from cold and have swelled faces?

Whether the language of the sister is not highly indecent, and whether they are not treated with the greatest harshness and contempt?

How they are employed?

What presents they have made to the sister, to endeavour to receive kind treatment?

These interrogatories will elicit only one-twentieth part of the abuses in this one ward.

I am, Sir,

Yours respectfully,

VERAX.

London, 22d April, 1829.

PRUSSIC ACID AS A REMEDY IN GONORRHŒA.

To the Editor of THE LANCET.

SIR,—Knowing your willingness to give publicity, in your widely-circulated Journal, to whatever may tend to the relief of human affliction, I have taken the liberty of sending you an account of a case of gonorrhœa, in which I found the hydrocyanic acid, used in the form of an injection, a very valuable remedy. If you consider it worthy a place in your excellent periodical, you will oblige me by inserting it in an early Number, as I am anxious that it should have an early and extensive trial, that it may be proved whether it is entitled to hold the rank among the remedies used for the cure of that complaint, which I conceive it highly deserves.

CASE.—Mr. H. came to me, suffering from a recent clap, labouring under the usual symptoms, profuse yellow discharge from urethra, excessive scalding in making water, chordee, pain in perineum, frequent desire to micturate, &c. He had been previously under my care for a severe gonorrhœa in conjunction with swelled testicle, when, on that occasion, I made use of very active means to subdue the complaint, without any decided benefit, until months had elapsed. Fearing he might, on this second occasion, have another attack of hernia humoralis, as the inflammation was very acute, and considering the powerful sedative property of prussic acid, I was induced to make trial of this medicine in the form of injection; this I made in the proportion of one drachm of the acid to two ounces of water, with directions, that one syringe-full should be used five or six times a-day. At the same time I ordered small doses of sulphate of magnesia three times a-day. In the course of two days, the symptoms were considerably less severe, and I then also administered small doses of copaiba balsam during the day; in six days more, all the symptoms were so completely subdued, that he considered himself quite well. No inflammation occurred in the testicles, although he perceived, previous to the use of the injection and the balsam, frequent shooting pains in that part.

I do not attribute the cure altogether to the injection, as a more perceptible abatement took place in the symptoms after commencing with the copaiba; but I truly believe that the injection preserved the testicles from inflammation, and, in a great measure, performed the cure. I am not sure, that a much less proportion of the acid might not have answered the same purpose; but, fearing the testicles would be attacked with inflammation, I resolved to use it of the above strength. I did not allow the patient to have more of the injection at a time than was sufficient for two days' use, that its quality might not be deteriorated. The acid was of Scheele's strength.

Would it not prove a valuable application in cases of gonorrhœal ophthalmia?

I intend giving it an extensive trial in the active stage of gonorrhœa, as the usual practice seems very ineffectual; the result I will take the liberty of making you acquainted with.

I am, Sir,
Your very obedient servant,
R. H. HAYNES.

Canterbury, April 19th, 1829.

BOUGHT VOTES.

To a Committee Man of a Public Charity.

MY DEAR SIR,—As I am convinced you take a deep interest in the welfare of the institution to which you belong, I address a few observations to you on the *management* of public charities, referring more especially to the practice which is termed "making governors" at the elections of medical officers.

The answer of Sir Roger de Coverly, when pressed to give his opinion on a subject of dispute, that there was "much to be said on both sides," is very general in its application, and particularly so to the question, "Is the above practice a proper one?" Much has been said in favour of, and against it; but, in considering this point, as well as many others, we are too apt to generalise. In writing a poem, as Pope very justly observes, it is necessary to generalise, in order to effect its intended application; but, in considering a question like the present, this course will not do. To generalise here is useless; it would be viewing the matter much too superficially; for when each side appears to have its arguments, it requires the scrutiny of a jealous eye to particularise between them; to pick out both good and bad, to balance them against each other with minute fidelity and impartiality, that a just conclusion on their comparative merits may be obtained. This, you must confess, is the only mode of arriving at the truth. Let us apply, then, what I have said, to the case in point. The phrase, "making governors," requires this analysation. It may be interpreted into two heads, and may be subdivided afterwards; 1st, Where a candidate for an office in a public charity pays the subscription money himself, which constitutes a governor, and collects a number of names,

(or persons, where voting by proxy is not allowed,) to each of which he has attached a guinea, or other necessary subscription, the supposed donors of which are entered in the books as governors; 2dly, Where the friends of the candidate themselves subscribe, to enable them to vote for their favourite.

The first of these cases does not require subdivision; when the laws of the charity do not allow more votes to the governor, who has subscribed ten times as much as a new governor, its injustice to the old governors is apparent. The only good to be balanced against this is, the addition which is made to the funds of the institution. But is this addition really an advantage to it? It is not extravagant to suppose, that when such a proceeding takes place, many old governors withdraw their annual subscriptions. For the sake of example, we will suppose that 1*l.* 1*s.* constitutes an annual subscription, entitling the subscriber to all the privileges of a governor, in fact, making him a governor, and that a candidate, rather than lose his election for want of "a little spirit," determines to sacrifice a sum of money for the furtherance of his object. Suppose he procures 200 names, or persons, to vote for him; this brings 210*l.* to the funds of the charity for the time being; for it can hardly be supposed, that when the candidate is once safely elected, he will continue his donation annually. We will suppose further, that in consequence of the candidate thus electing himself, ten of the old governors say, that as their votes were of no avail, they will withdraw their annual subscriptions, amounting to ten guineas. What is the consequence? Why, reckoning an interest of five per cent. as receivable on the 210*l.*, the charity neither gains nor loses by the transaction, except having some ready money, which might, perhaps, be laid out at a smaller interest. So much, then, for the advantage of the practice; and, as for the bad tendency of the principle, I think it is obvious enough.

The second interpretation of the phrase has more claim to our consideration: that of governors who pay their own subscriptions. I cannot conceive any harm it would do the charity, because their voluntary subscriptions certainly would not provoke the old governors to discontinue their annual subscriptions; and it benefits the institution, both by making it more extensively known, and inducing the new governors, (who have only subscribed, it must, however, be confessed, for the purpose of voting for their friend,) to inquire into its merits, and who, provided it is conducted as it should be, continue their subscriptions annually and disinterestedly.

It may be urged, that the practice is an usual custom at elections to public charities; but is a bad precedent a justification? Certainly not. In pension and other societies, where the objects of the charity are only admitted by election, the case is very different. According to their rules, they who subscribe most, have very properly the most votes in the election of objects; and in dispensaries, those who subscribe most, may have the greater number of patients on the books. It is no object to the body of the governors as a whole, *who* are elected as patients, but it becomes so in the choice of a medical officer.

You will now ask, provided you admit my arguments, how is the practice to be remedied? Or you will, perhaps, say, that it is easier to find, than to mend, faults; but I hope you will allow, that on this subject, as well as in many cases in medicine and surgery, when once the disease is thoroughly investigated, much is done towards effecting a cure. We will say, then, that we have made a sufficiently good diagnosis, and we will prescribe as follows:—In order not to prevent new governors from subscribing, who would do so for the sake of voting for their friends, I would repeal a law which exists in some institutions, prohibiting any governor from voting at an election, unless he has become so previous to the declaration of a vacancy; and in order to prevent candidates *electing themselves*, I would make a law, empowering the committee of management to investigate any suspected votes, and if in the opinion of a majority of such committee, any votes have been made by the candidate himself, or his friends, such votes shall become null and void.

I may further observe, that where the law does not allow governors to vote, unless they have become subscribers previous to a vacancy, it is not sufficiently comprehensive to prevent the abuses at which it is directed, inasmuch as a medical officer, who is about to resign, may inform his friend before he does so, and the latter may make the necessary arrangements to elect himself in good time.

A word about voting by proxy, and I have done. I think all governors should be allowed to do so without reserve. Where is the harm of it? If there be none, there can be no occasion for the rule; it serves no other purpose than to prevent many voting who cannot spare time to attend.

I am Sir,
Very sincerely yours,

ZETA.

London, April, 1829.

[Correspondents in our next.]